PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT DOCUMENT # LO 300	S IVIO	DEPARTMENT OF ST Secretary of State ISION OF CORPORATIONS	TATE		005 AP	FILED		
1. Limited Liability Company's Name Watt 3 Investments, L.L.C.					ALLAH	OF CORPOR IASSEE, FL	ATIONS ORIDA	
2. Principal Office Address 2500 N. Military Tr. 2500 Suite, Apt. #, etc Suite, Apt. #,		N. Military Tr.		4. State/Country of Formation				
Svite 465	Suite 465			5. Date Organized or Qualified To Do Business in Florida				
Boca Raton, FL	a Raton, Fr Boca Raton, Fr			6. FEI Number Applied For Not Applicable				
33431 Country USA	Zip 3343	31 Country USA	_	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent								
Name Lewis, Ronald 05/12/0501071018 **200.00								
Street Address (P.O. Box Number is Not Acceptable) / Hary Trail								
Suite, Apt. #, Etc. Suite	465	,						
city Boca Ratow					State FL	Zip Code 334	31	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date Date Date								
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date .	3/291	65	
10. Names and Street Addresses of Managing Mer								
Titles Name of Managing Members/Managi	itles Name of Street Address of E Managing Members/Managers Managing Member/Ma				_	City / St	ate / Zip	
MGRM Watt, Richard J.		2500 N. Military Hr. Suite 465			Boca Raton, Fr 33431			
- -								
REINSTATEMENT 2004-05								
11 of certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that fell fees owed by the limited liability company have been baid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
Signature of Managing Member/Manager Date 3/22/05 Daytime Phone # 934-839-8620 Typed or printed name of signing Managing Member/Manager AICHARD. J. WATT								
Typed or printed name of signing Managing Member/Manager AICHARD. J. WATT								