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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2005 JUN 13 A 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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<b>DOCUMENT #</b> L03000040826
<b>1. Limited Liability Company's Name</b> HOFHEINZ, LLC

<b>2. Principal Office Address</b> 250 Kipp Ave Suite, Apt. #, etc. City & State Hasbrouck, New Jersey Zip 07604 Country U.S.	<b>3. Mailing Office Address</b> 250 Kipp Ave Suite, Apt. #, etc. City & State Hasbrouck, New Jersey Zip 07604 Country U.S.
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<b>4. State/Country of Formation</b> Florida
<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/23/2003
<b>6. FEI Number</b> <div>Applied For Not Applicable</div>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

<b>8. Name and Address of Current Registered Agent</b>		
Name Business Filings Incorporated		
Street Address (P.O. Box Number is Not Acceptable) 1203 Governors Square Blvd.		
Suite, Apt. #, Etc. Suite 101		
City Tallahassee	State FL	Zip Code 32301

<b>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.</b>	
Signature of Registered Agent _____	Date _____
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Juergen Hofheinz - MGRM	250 Kipp Ave	Hasbrouck, NJ 07604
Member	Karen Hofheinz - MGRM	250 Kipp Ave	Hasbrouck, NJ 07604
<b>REINSTATEMENT 04-05</b>			

<b>11. I 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 filing 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 all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>		
Signature of Managing Member/Manager _____	Date 4/28/2005	Daytime Phone # 201-488-9850
Typed or printed name of signing Managing Member/Manager Juergen Hofheinz, Member		

2 of 2

Florida Department of State  
Division of Corporations  
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**LIMITED LIABILITY REINSTATEMENT**

**HOFHEINZ, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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