


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

101-04
250w

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 AUG 21 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L 03000044359			
1. Limited Liability Company's Name Robert Henning Ltd Co			
2. Principal Office Address 9039 Esquerra Ln. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 691833 Suite, Apt. #, etc.	
City & State Orlando Fla		City & State Orlando Fla	
Zip 32836	Country Orange	Zip 32869	Country Orange

4. State/Country of Formation Florida / Orange	
5. Date Organized or Qualified To Do Business in Florida 11-11-2003	
6. FEI Number 20-0379272	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Seiffert Elizabeth	
Street Address (P.O. Box Number is Not Acceptable) 9039 Esquerra Ln.	
Suite, Apt. #, Etc.	
City Orlando	State FL
Zip Code 32836	

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 Elizabeth Seiffert	Date 5-26-06
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member Manager	Robert N Henning	9039 Esquerra Ln.	Orlando Fla 32836

REINSTATEMENT 04-06

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.	
Signature of Managing Member/Manager Robert N Henning	Date 5-25-06 Daytime Phone # 321-438-7208
Typed or printed name of signing Managing Member/Manager Robert N. Henning	