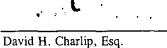
## LD3000048866 PLEASE READ ALL INSTRUCTIONS BEFORE CONCLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 OCT 25 AM II: 15
DOCUMENT # LO3  1. Limited Liability Company's Name  1300 8 LLC	5000048864 NU	SECRETARY OF STATE TALLAHASSEE.FLORIDA
2. Principal Office Address 1911 Harrison st	3. Mailing Office Address 1911 Harrison St	CR2E041 (8/05)  4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida \ 2 /2 /03
City & State Hollywood R	Hollywood, 12	6. FEI Number Applied For Not Applicable
33020 Country SA	Zip Country USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  Name  400081802434		
Cric Jacobs 10/27/0601054004 **50.00 Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. 100081302451 10/27/0601054005 **50.00		
State   Zip Code   FL 33020		
9. I, being appointed the registered against the about barned limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of Registered Agent Date 10/17/06		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Mana	Street Address of Ea gers Managing Member/Ma	
MM Sergio Martinez	12300 SW97S	MIANI 152 33186
NEWSTATEMENT 200 5-2006		
	Mr. Ser. Carly Agriculty	
	Non	
11. I certify that I am managing member/manager of professiver 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 disaduation 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 they 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		
Signature of Manager Date 10/17/06 Daytime Phone # 9549290679  Typed or original name of signing Manager Manager Septiminary Further		



dcharlip@charliplawgroup.com

## OH RITE LAW OR CUP, Control of Co

Hollywood, FL 33020-5018 Direct Line: 954-208-0734 Direct Fax: 954-208-0734

Sean Jason Gelb, MD, JD sgelb@charliplawgroup.com

Eric A. Jacobs, Esq. ericj@jerichotitle.com

October 18, 2006

To

Secretary of State

From:

Eric A. Jacobs, Esq.

Re

13008,LLC

Dear Sir or Madam, please be advised that as registered agent of the above identified entity, I had not received the annual reports for the preceding period(s). Please waive any penalties and permit the filing thereof.

06 OCT 25 AM II: 15
SEGRETARY OF STATE
SEGRETARY OF STATE