PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 JUN -6 PM 3: 01
DOCUMENT # L 0 30005 2 0 8 9 1. Limited Liability Company's Name Baltimore Enterprises LLC		SECRE MAL WE STATE TALLAHASSEE. FLORIDA 20010411952 06/88/0701033009 **155.00 cr26041 (1/07)
Suite, Apt. #, etc. City & State DACKSONVILLE Country Country City & State City	Mailing Office Address 1808-1 UNIVERSITY BLUCK 18 State 10 KSONVIIIE FL Country	4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 7/09549// 7. Not Applicable
8. Name and Address of Currer Name ARI BAHIMORE Street Address (P.O. Box Number is Not Acceptable) 308-1 UNIVERSITY BIV Suite, Apt. #, Etc. City JACK SONVIILE	1 .1 //	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
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 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/Mana	ger City / State / Zip
Presid Hillney Sn/timare	2164 SUNSET RIVE	
Agea LAtashin William		JACKSONVIlle, FL 32225
REINSTATEMENT DB		
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— Hillian Saffine Date June 5, 200 Daytime Phone # 904) 716-7749		
Typed or printed name of signing Managing Member/Manager		