PLEASE READ ALL INSTRUCTIONS BEWARE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	*	FILED	
DOCUMENT # L 03000052474 1. Limited Liability Company's Name CIE2119, LLE		OBDEC 18 AM 9: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	Mailing Office Address 120 Sc 2nd Ave	CR2E041 (10/08)		
12 3343 FLA	uite, Apt. #, etc.		ntry of Formation	
		5. Date Organ	nized or Qualified iness in Floridr 12/12/2003	
Boynton, Florida Ci	Boynton, Florida	6. FEI Number 20 - 0		
33435 Country 21 33435 USA 3	33435 Country USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
James Matthews				
Street Address (P.O. Box Number is Not Acceptable) 35/5 V://acp B/ad.			receive the prior notices. By checking this box, you are certifying the prior notices were	
Suite, Apl. #, Etc. #205			not received and requesting the \$100 reinstatement be waived.	
City West Palm Beach State 33409			ement de waived.	
9. I, being appointed the registered agent of the above named (imited liability company, am familiar with and accept the obligations of Chapter 608, F.S.				
Signature of Registered Agent Date Nov 12 2008 REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Street Address of Eac Managing Members/Managers Managing Member/Managers			City / State / Zip	
MGRM JEFF Cord	120 ST DND AVE		Boynton, Floridg	
			01392331 03 0801014007 **138.75	
DEMOTATELE				
REINSTATEMEN	NI 67-08 11/17/08	8-01057	-015 - \$138.75	
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 dilling 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 Date 12 NOV 200 8 Daytime Phone # 56/-667-0/36 Typed or printed name of signing Managing Member/Manager Te Frency 1-1 Curd				
Typed or printed name of signing Managing Member/Marager JeFfery H Cusd				