PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIA COMPAI REINSTATE	NY A	Secretar	TMENT OF STATE y of State orporations			AKT UF STATE CORPORAT	
DOCUMENT # LO3000056477 1. Limited Liability Company's Name EDWARD W WERLING LLC					NOO	20 HII 3.3	U
						CR2E041 (8/05)	
2. Principal Office Add 23098Sa		3. Mailing Office Address PO BOX 1042		▲ State/Count	ry of Form	nation	<u> </u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified 4.0 (200/2002)			
	and KEY Fla	City & State Summerland Key Fla			To Do Business in Florida 12/29/2003 Fl Number		
33042	USA	^{Zip} 33042	USA	7. CERTIFICATE			Additional Fee required a Certificate of Status
Signature of Registered Agent	State 33042 accept the obligations of Chapter 608, F.S.						
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Street Address of Ea Managing Members/ Managers Managing Member/ Mar						
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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 Date 8/11/01/2 Daytime Phone # 305 797 0/08 Typed or printed name of signing Managing Member/Manager Edward Werline Manager							
Typed or printed name of signing Manager Member/Manager Edward Werling Manager							