

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -3 AM 9:35

DOCUMENT # L03000056482

1. Limited Liability Company's Name

ARAGON HOLDINGS, LLC

2. Principal Office Address

15722 Sunnyland Lane

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33414

Country

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12-29-03

6. FEI Number

20 0534422

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John T. Metzger

Street Address (P.O. Box Number is Not Acceptable)

One Clearlake Centre-- 250 S. Australian Avenue

Suite, Apt. #, Etc.

Suite 700

City

West Palm Beach

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

11-2-05

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
MGRM	Mordechay Shahak	15722 Sunnylane Lane	Wellington, FL 33414

REINSTATEMENT 04-05

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11/03/05--01053--012 **205.00

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

11-2-05

Daytime Phone #

561-214-1100

Typed or printed name of signing Managing Member/Manager Mordechay Shahak