


PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM. **L04000001580**

FILED  
JAN - 8 AM 7:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

700114184107  
01/07/08--01037--006 \*\*105.00

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** L04-1580  
 1. Limited Liability Company's Name  
**MANTRO VENTURES LLC**

2. Principal Office Address - No P.O. Box #  
**3 CARRIAGE WALK CT.**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**3 CARRIAGE WALK CT.**  
 Suite, Apt. #, etc.

City & State  
**GAITHERSBURG, MD**

City & State  
**GAITHERSBURG, MD**

Zip Country  
**20879-5512 UNITED STATES**

Zip Country  
**20879-5512 UNITED STATES**

4. State/Country of Formation  
**FL/LEON COUNTY**

5. Date Organized or Qualified To Do Business in Florida  
**01/07/2004**

6. FEI Number  
**20-0894481**

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  
**OTTUN, RILIWAN**

Street Address (P.O. Box Number is Not Acceptable)  
**2983 CAVANAUGH CT.**

Suite, Apt. #, Etc.

City State Zip Code  
**TALLAHASSEE FL 32303**

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.

*diso 9/15/06*

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 **01 JAN. 08**

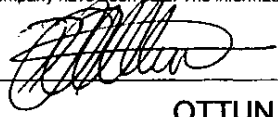
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MGR</i>	OTTUN, RILIWAN	3 CARRIAGE WALK CT.	GAITHERSBURG, MD 20879
<i>MGR</i>	OTTUN, TAJUDEEN	3 CARRIAGE WALK CT.	GAITHERSBURG, MD 20879
			<i>CLS</i>

**REINSTATEMENT 2006-2007**  
*without Penalty up 1/8/08*

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 **01 JAN. 08** Daytime Phone# **850 321 3459**

Typed or printed name of signing Managing Member/Manager **OTTUN, TAJUDEEN**