


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L04000010247</b> 1. Limited Liability Company's Name <b>AMBRAJO, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>1078 South Jefferson</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <b>PO Box 104</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Lebanon, MO</b>		City & State <b>Lebanon, MO</b>	
Zip <b>65536</b>	Country <b>LaCiede</b>	Zip <b>65536</b>	Country <b>LaCiede</b>
4. State/Country of Formation <b>Florida</b>			
5. Date Organized or Qualified To Do Business in Florida <b>February 6, 2004</b>			
6. FEI Number <b>20-0745951</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name <b>Jones Foster Service, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>505 South Flagler Dr.</b> Suite, Apt. #, Etc. <b>Suite 1100</b> City <b>West Palm Beach</b>			
		State <b>FL</b>	Zip Code <b>33401</b>
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 <i>[Signature]</i> <b>MARILYN</b> Date <b>3-15-07</b> <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Managing Members/Managers			
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<b>MGRM</b>	<b>John J. Boswell</b>	<b>1078 S. Jefferson</b>	<b>Lebanon Mo 65536</b>
			<b>900095788888</b>
			<b>04/04/07--01026--019 **29</b>
<b>REINSTATEMENT 05-07</b>			
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 terminated, 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 <i>[Signature]</i> Date <b>3/23/07</b> Daytime Phone # <b>561-622-3656</b> Typed or printed name of signing Managing Member/Manager <b>John J. Boswell</b>			