
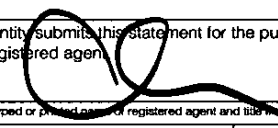
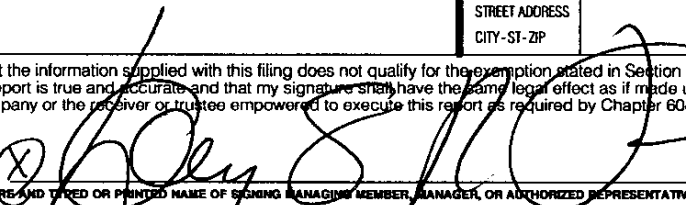


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

200-0
9-16-05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:15

DOCUMENT # L04000019712 1. Entity Name RULE MANAGEMENT GROUP LLC					
Principal Place of Business 222 LAKEVIEW AVE., #160-304 WEST PALM BEACH, FL 33401			Mailing Address 222 LAKEVIEW AVE., #160-304 WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
10062005 REIN-LLC CR2E101 (6/04)			4. FEI Number Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent WALLACE, ARTHUR L III 2401 EAST ATLANTIC BLVD STE. 400 POMPAHO BEACH, FL 33062		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 			DATE 05/02/06		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
president LARRY Ryle 222 Lakeview Ave #160-304 West Palm Beach, FL 33401			100061862081 12/02/05--01029--009 **150.00		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 			Date 7/15/06 561-587-0265		