PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV 27 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000022823

1. Limited Liability Company's Name
Florida Commercial Investment LLC

2. Principal Office Address	3. Mailing Office Address
1840 Mease Dr.	1840 Mease Dr.
Suite, Apt. #, etc. #407 B	Suite, Apt. #, etc. #407 B
City & State Safety Harbor, FL	City & State Safety Harbor, FL
Zip 34695 Country U.S.A	Zip 34695 Country U.S.A

4. State/Country of Formation: Florida / US

5. Date Organized or Qualified To Do Business in Florida: 03/25/2004

6. FEI Number: 20-0924251 [ ] 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: KHADEMI - KERMANSHAHI, ARDESHIR

Street Address (P.O. Box Number is Not Acceptable): 6545 TailFeather Way

Suite, Apt. #, Etc.:

City: Bradenton State: FL Zip Code: 34203

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: [signature] X Date: 11/3/06
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
MGR	KHADEMI - KERMANSHAHI, ARDESHIR	6545 TailFeather Way	Bradenton FL 34203
			700091619587 11/08/06--01018--004 **150.00
			700091619587 11/28/06--01065--001 **50.00
	REINSTATEMENT		2005-2006

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: [signature] X Date: 11/3/06 X Daytime Phone #: 727-712-1567

Typed or printed name of signing Managing Member/Manager:

(We have a new address)