


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 09, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L04000024564 1. Entity Name RAVIS ENTERPRISES, LLC	
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Principal Place of Business 378 NORTHLAKE BLVD. 104 NORTH PALM BEACH, FL 33408 US	Mailing Address 378 NORTHLAKE BLVD. 104 NORTH PALM BEACH, FL 33408 US
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2. Principal Place of Business 123 N. CONGRESS AVE Suite, Apt. #, etc. # 172	3. Mailing Address 123 N. CONGRESS AVE Suite, Apt. #, etc. # 172
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City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33426	Zip 33426
Country USA	Country USA



01052006 REIN-LLC CR2E101 (11/05)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SLAATED, LESLIE A 378 NORTHLAKE BLVD. 104 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name SLAATED, LESLIE A. Street Address (P.O., Box Number is Not Acceptable) 123 NORTH CONGRESS AVE # 172 City BOYNTON BEACH FL Zip Code 33426
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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: *Leslie A. Slaated* **LESLIE A. SLAATED** 1-05-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAATED, LESLIE A <input checked="" type="checkbox"/> Delete 378 NORTHLAKE BLVD. #104 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAATED, LESLIE A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 123 N. CONGRESS AVE. #172 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900064058 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 01/19/06--01027--013 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 05-06

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Leslie A. Slaated* **LESLIE A. SLAATED** 1-05-06 **561-951-1143**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #