

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000029225

1. Limited Liability Company's Name

SHUSTER & SABEN, LLC

100148549951
04/03/09--01004--027 **516.25
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4770 Biscayne Blvd.		3. Mailing Office Address 4770 Biscayne Blvd.	
Suite, Apt. #, etc. 1030		Suite, Apt. #, etc. 1030	
City & State Miami, FL		City & State Miami, FL	
Zip 33137	Country US	Zip 33137	Country US

4. State/Country of Formation Florida/ U.S.	
5. Date Organized or Qualified To Do Business in Florida 4/15/2004	
6. FEI Number 54-2149238	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Richard Shuster

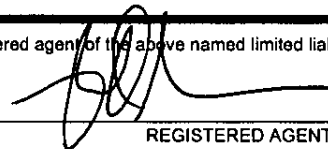
Street Address (P.O. Box Number is Not Acceptable)
4770 Biscayne Blvd.

Suite, Apt. #, Etc.
1030

City Miami	State FL	Zip Code 33137
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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.

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.

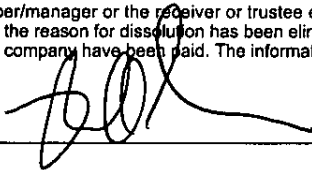
Signature of Registered Agent  Date 4/1/2009

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	Richard Shuster, P.A.	4770 Biscayne Blvd., Ste. 1030	Miami, FL 33137
MGR	Adam Saben, P.A.	4770 Biscayne Blvd., Ste. 1030	Miami, FL 33137
REINSTATEMENT			L. SELLERS
07-09			APR - 8 2009
EXAMINER			

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 4/1/2009 Daytime Phone# (305) 576-8688

Typed or printed name of signing Managing Member/Manager Richard Shuster