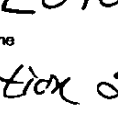


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 OCT -3 PM 2:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>L04000030657</u>					
1. Limited Liability Company's Name <u>Accomodation Solutions, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>400 Executive Center Drive</u>		3. Mailing Office Address <u>400 Executive Center Drive</u>		4. State/Country of Formation <u>Florida, USA</u>	
Suite, Apt. #, etc. <u>Suite 202</u>		Suite, Apt. #, etc. <u>Suite 202</u>		5. Date Organized or Qualified To Do Business in Florida <u>April 26, 2004</u>	
City & State <u>West Palm Beach, FL</u>		City & State <u>West Palm Beach, FL</u>		6. FEI Number <u>352345045</u>	
Zip <u>33401</u>	Country <u>USA</u>	Zip <u>33401</u>	Country <u>USA</u>	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				<input checked="" type="checkbox"/> 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.	
Name <u>Cynthia Tagliaterra</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>235 Sunrise Ave</u>					
Suite, Apt. #, Etc. <u>3046</u>					
City <u>Palm Beach</u>	State <u>FL</u>	Zip Code <u>33480</u>			
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 <u>[Signature]</u>				Date <u>8/28/08</u>	
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		
<u>Pres.</u>	<u>Cynthia Tagliaterra</u>	<u>235 Sunrise Ave #3046</u>	<u>Palm Beach, FL 33480</u>		
REINSTATEMENT			<u>05-08</u>		
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 608.408, 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 <u>[Signature]</u>				Date <u>8/28/08</u>	Daytime Phone # <u>561-212-5260</u>
Typed or printed name of signing Managing Member/Manager <u>Cynthia Tagliaterra</u>					