

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

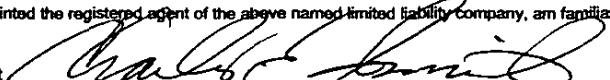
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/22/08--01054--020 \*\*396.50  
GP2504 (10/07)

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2900 NE 14 St, #803		3. Mailing Office Address 2900 NE 14 St, #803	
Suite, Apt. #, etc. •		Suite, Apt. #, etc.	
City & State Pompano Beach		City & State Pompano Beach	
Zip 33062	Country US	Zip 33062	Country US
8. Name and Address of Current Registered Agent			
Name Charles E Smith			
Street Address (P.O. Box Number is Not Acceptable) 2900 NE 14 St, #803			
Suite, Apt. #, Etc.			
City Pompano Beach		State <b>FL</b>	Zip Code 33062
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 <b>09/18/ 2008</b>	
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
Dir	Charles E Smith	2900 NE 14 St, #803	Pompano Beach, Fl., 33062
<b>REINSTATEMENT</b> <i>09-08</i>			
<b>REINSTATEMENT</b>			

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 Charles E. Lamm Date 09/18/ 2008 Daytime Phone # 954-605-6093

Typed or printed name of signing Managing Member/Manager Charles E Smith