

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 24 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000035441

1. Limited Liability Company's Name

4.34 LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

12114 DOLPHIN RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 997742

Suite, Apt. #, etc.

City & State

BOKEELIA FL

City & State

MIAMI FL

Zip

33922

Country

Zip

33299

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/10/04

6. FEI Number

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

JONATHAN B LASSERS

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

12114 DOLPHIN RD

Suite, Apt. #, Etc.

City

BOKEELIA

State

FL

Zip Code

33922

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

Jonathan B. Lassers

REGISTERED AGENT MUST SIGN

Date OCT 20th 2008

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
MEM	JONATHAN B LASSERS	12114 DOLPHIN RD	BOKEELIA, FL 33922

900137430019

REINSTATEMENT-07-08

10/24/08--01031--005 **555.00

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

Jonathan B. Lassers

Date 20th Oct 2008

Daytime Phone #

305 395 4395

Typed or printed name of signing Managing Member/Manager

JONATHAN B LASSERS