PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secretary	PARTMENT OF STATE etary of State of CORPORATIONS		VISION OF CORPORATIONS 05 OCT 27 AM 11: 14			
DOCUMENT # 1. Limited Liability Company's Na DIMM LEASING LI				al			
2. Principal Office Address	3	Mailing Office Addres			CR2E041 (8/05)		
		•		4. State/Cou	intry of Formation		
2911 PIEDMONT ROAD		57 LAKEVIEW AVENUE Suite, Apt. #, etc.			FLORIDA		
Suite, Apt. #, etc.		Suite, Apr. #, etc.		5. Date Orga	5. Date Organized or Qualified To Do Business in Florida 05/20/2004		
City & State ATLANTA, GA		ATLANTA, GA		6. FEI Númb	Ter Applied For Not Applied	_	
Zip Countr 30305 US		30305	05 Country USA		CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
	· · · · · · · · · · · · · · · · · · ·	8. Name and A	ddress of Current Re	gistered Agent			
	RLES R.L. WHIT			11/22	00061622670 2/05-01036-017 **150 00		
	NORTH A1A						
Ψ,	TTER	110	· · · · · · · · · · · · · · · · · · ·		State Zip Code FL 33477		
9. I, being appointed the registe Signature of Registered Agen	red agent of the above na	ried limited liability co ERED AGENT MUST		h and accept the obliga	ations of Chapter 608, F.S. Date	_	
10. Names and Street Address	es of Managing Members/	Managers				\Box	
Titles Managir	s Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM ROBERT R.	ROBERT R. DIMM		57 LAKEVIEW AVENUE		ATLANTA, GA 30305		
				· ·	-		
			RE	WSTATE	EMENT 2WS		
			<u>-</u>	-			
Clina this rejectatement anni	ination the reason for disco	lution has been elimin	nated, the limited hability andicated on this app	y company name satist lication is true and accu	ded for in chapter 608, F.S. I further certify that wher lies the requirements of section 608,406, F.S., and the trate, and my signature shall have the same legal effective.	ed ed	
Typed or printed name of signing	Managing Member/Mana	ger ROBERT	R. DIMM	<u> </u>			