


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000040299		
1. Entity Name MANAGEMENT SERVICES OF AMERICA, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 25 AM 11:07

Principal Place of Business 639 EAST OCEAN AVENUE, STE. 204 BOYNTON BEACH, FL 33435	Mailing Address 639 EAST OCEAN AVENUE, STE. 204 BOYNTON BEACH, FL 33435
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10042005 REIN-LLC CR2E101 (6/04)

4. FEI Number 28-1117613	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKARO, JOHN J 525 N.W. 46TH AVENUE DEERFIELD BEACH, FL 33442		Name SKARO, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 6767 Trade Wind Drive City LAKE WORTH FL Zip Code 33462	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
	10/20/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INFINITI HOLDINGS, LLC 133 JEFFERSON ROAD PITTSBURGH, PA 15235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANET HUCKABY, Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7187 THOMPSON Road Boynton Beach, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060924061 10/25/05--01060--001 **150.00 <b>REINSTATEMENT</b> <u>2005</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	Atty for MSALLC 10/20/05 412-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #