

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000041303 1. Entity Name MAT CAD DESIGNS, LIMITED COMPANY						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 14 AM 10:05 	
Principal Place of Business 605 S W 4TH AVENUE DANIA, FL 33004				Mailing Address 605 S W 4TH AVENUE DANIA, FL 33004			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 36-2467483				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TALOTTA, MICHAEL A 605 S W 4TH AVENUE DANIA, FL 33004				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
Make check payable to Florida Department of State				DATE 10/06/05			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGRM <input type="checkbox"/> Delete NAME TALOTTA, MICHAEL A STREET ADDRESS 605 S W 4TH AVENUE CITY-ST-ZIP DANIA, FL 33004				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME REINSTATEMENT STREET ADDRESS 2005 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300060622609 STREET ADDRESS 10/14/05--01049--004 CITY-ST-ZIP **100.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:				DATE 10/06/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE # 9549218966			