2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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Principal Place of Business			Mailing Address				٠				
PO BOX 640864 Miami, Fl. 33164 US			PO BOX 640864 Miami, Fl. 33164 U	JS		Δ					
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2. Principal Place of Business			3. Mailing Address						UNA		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10062005	REIN-LLC	CR2E101 (6	5/04)		
City & State		City & State			4. FEI Numb	er	,		lied For Applicable		
Zip	Zip Country		Zip Country		try	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current R			egistered Agent Name			7. Name and	7. Name and Address of New Registered Agent				
NUBIAN T. 16300 NE		BULTANTS UE				Address (P.O. Box Number is Not Acceptable)					
SUITE 215 NORTH MIAMI BEACH, FL 33162						.,					
		,	-		City			FL Zip Code			
		y submits this statement for	ed office or regi	istered agent, or bo	oth, in the State of Flo	orida. I am familia	r with, a	ind accept			
SIGNATURE .	the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if appScable. QNOTE: Registered Agent algorithme required when a							2)	DATE			
FILE NOWIII FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the flability company did not receive the prior not liability company did not receive the prior not liability company.											
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