


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2007 DEC 28 A 11:12 TALLAHASSEE, FLORIDA CR2E041 (1/07)	
DOCUMENT # L04-52772					
1. Limited Liability Company's Name 1MORE, LLC					
2. Principal Office Address - No P.O. Box # 2670 NE 25th St		3. Mailing Office Address 2670 NE 25th St		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 7/15/04	
City & State Lighthouse Pt FL		City & State Lighthouse Pt FL		6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33064	Country	Zip 33064	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status.	
8. Name and Address of Current Registered Agent					
Name DANIEL J VARGO					
Street Address (P.O. Box Number is Not Acceptable) 2670 NE 25th Street					
Suite, Apt. #, Etc.					
City Lighthouse Pt		State FL	Zip Code 33064	<input checked="" type="checkbox"/> 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 Daniel J Vargo				Date 12-12-07	
REGISTERED AGENT MUST SIGN					
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	
MGRM	DANIEL J VARGO	2670 NE 25th St		Lighthouse Pt FL 33064	
MGRM	Rick Mucciaccio	5510 Lakeside way #106		MARGATE FL 33063	
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 Daniel J Vargo				Date 12-12-07 Daytime Phone # 954-214-5379	
Typed or printed name of signing Managing Member/Manager DANIEL J VARGO					

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REINSTATEMENT 06-07