2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE

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1. Entity Nam	MENT # L04000053	623		05 NOV 10 AM 10: 15		
Principal Plac	ce of Business	Mailing Address				
2931 NW 48	BTH STREET	2031 NW 48TH STREET				
FT. LAUDERDALE, FL 33305 US FT. LAUDERDALE, FL 33305		305 US				
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2. Principal P	Place of Business	3. Mailing Address				
2931 NW 48th Street		2370 N. Federal Highway		TA NASARAN EN ERMA ATRIA COM CAMIL DESIR PARTE DIDE 1980 FINE HORA 1980 IN 1981		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	_	10182005 REIN-LLC CR2E101 (6/04)		
City & Stat	to.	314 City & State				
	uderdale, FL	Fort Lauderdal	e. FI.	4. FEI Number Applied For 90–0237542 Not Applicable		
Zip	Country		Country	\$5.00 A 1000		
33309	US	·	US	Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent		
VON SOM	IOGYI, ATTILA			Attila Von Somogyi		
- 2931 NW	48TH STREET		Street A	Street Address (P.O. Box Number is Not Acceptable)		
FT. LAUD	ERDALE, FL 33305.			2370 N. Federal Highway		
				Suite 314		
		,	City	Fort Lauderdale FL Zip Code 33305		
		the purpose of changing its req	gistered office o	registered agent, or both, in the State of Florida. I am familiar with, and accept		
ine obliga	tions of registered agent.	$\sim \sqrt{a}$				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	- Julia A	sture required when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent a	and trile if applicable. (NOTE: R	1,1/1	Attre required when reinstating) DATE		
FILI	Signature, typed or printed name of egistered agent a	and title if applicable. (NOTE: R		Make check payable to		
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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: WITH MAN AND TYPED OR PRINTED NAME OF SIGNING MANAGING VENDER, WANAGON, OR JOST HORIZET REPRESENTATIVE 9545883488