


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 28 AM 9:45

DOCUMENT # L04000063830					
1. Entity Name IRONSTAR LLC					
Principal Place of Business 2931 NW 48TH ST. FT. LAUDEDALE, FL 33305 US			Mailing Address 1636 N VICTORIA PARK RD. FT. LAUDEDALE, FL 33305 US		
2. Principal Place of Business 2931 NW 48th Street Suite, Apt. #, etc.			3. Mailing Address 2370 N. Federal Highway Suite, Apt. #, etc. 314		
City & State Fort Lauderdale, FL			City & State Fort Lauderdale, FL		
Zip 33309	Country US	Zip 33305	Country US	4. FEI Number 20-1897133	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VON SOMOGYI, VON SOMOGYI 1636 N VICTORIA PARK ROAD FT. LAUDEDALE, FL 33305			7. Name and Address of New Registered Agent Name Attila Von Somogyi Street Address (P.O. Box Number is Not Acceptable) 2370 N. Federal Highway Suite 314 City Fort Lauderdale FL Zip Code 33305		
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 <i>Attila von Somogyi</i> DATE 9.26.05 <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 \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARA, PIRNIA 11640 GORHAM AVENUE BRENTWOOD, CA 90049 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMOGYI, ATTILA VON 2931 NW 48TH ST FT LAUDEDALE, FL 33309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Attila Von Somogyi 2370 N. Federal Highway, Suite 314 Fort Lauderdale, FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 900060581109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/13/05--01055--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: <i>Attila von Somogyi</i> DATE 9.26.05 954568-3468 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					