
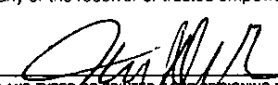


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 27 PM 4:19

DOCUMENT # L04000064317 1. Entity Name ENDOVEST, LLC					
Principal Place of Business 1325 SOUTH CONGRESS AVE STE. 211 BOYNTON BEACH, FL 33426			Mailing Address 1422 SE ATLANTIC AVE LANTANA, FL 33462		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2394143	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENKHAUS, DAVID J 1900 GLADES ROAD STE. 401 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME DE GEROME, JAMES R. H. STREET ADDRESS 1422 SE ATLANTIC AVE CITY-ST-ZIP LANTANA, FL 34462			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 70008130422? STREET ADDRESS 10/27/06--01062--012 CITY-ST-ZIP **200.00		
TITLE MGR <input type="checkbox"/> Delete NAME DE GEROME, CAROL L STREET ADDRESS 1422 SE ATLANTIC AVE CITY-ST-ZIP LANTANA, FL 33462			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		
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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		
REINSTATEMENT 2006					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  10/19/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					