PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE		FILED		
	Secretary of State VISION OF CORPORATIONS		08 JUL 28 AM 10: 10	
DOCUMENT # L0400070269		SECRETARY DE STATE TALLAHASSEE FLORIDA		
1. Limited Liability Company's Name		l Ei	M132098736	
ACILLC		07/02.	10132098736 70801037005 **\$55.00	
W08-31892			CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		4. State/Country of Formation		
Suite 410		5. Date Organized or Qualified		
City & State City & State		To Do Business in Florida 10/1/2004		
Bocalaton, FL		6. FEI Numbe	Applied For Not Applicable	
2ip CoUntry Zip V S A	Country	7. CERTIFICATE	OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Regi	stered Agent			
Name Andri, Colombo		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this		
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt # Etc.			box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
50it~ 410				
City Boca Rator	FL 3343			
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 Date 5/9/2008 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/Manag		City / State / Zip	
merm Andre Colombo	4400 N, Federal Hug	y,54e418	Bowkston, FL 33431	
REINSTATEMENT L. SELLERS				
16-1X	6-118			
JUL 2 9 2008				
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 Daytime Phone# 561-391-5598				
Typed or printed name of signing Managing Member/Manager André Colombo				
Typed or printed name of signing Managing Member/Manager TVNW COSONNO				