PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05 #255.00

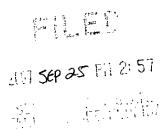
LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

ENT # 1 04000072024



1. Limited Liability Company's Name					-5-1	English To	
DISCIASCIO INVESTMENTS, L.L.C.					न में हैं <u>ने</u>		
2. Principa 3003	al Office Address - No P.O. Box # SW 141 Avenue	3. Mailing Office Address 3003 SW 141 Avenue			CR2E041 (1/07)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fort Lauderdale, FL 33027 5. Date Organized or Qualified To Do Business in Florida 10/7/2004		
City & State Miramar, Florida		City & State Miramar, Florida			To Do Bus		
^{Zip} 3302					7. CERTIFICATE	Not Applicable FOR STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent							
NOEMI B. MEDINA					A \$100 reinstatement fee is imposed, except		
Street Address P.O. Box Number is Not Acceptable) 500 WEST CYPRESS CREEK ROAD					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.		
Suite, Apt. #, Etc. SUITE 230							
FORT LAUDERDALE State FL 33309					reinstatement de walved.		
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.							
Registered Agent REGISTERED AGENT MUST SIGN							
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Manaç	Name of Street Address Managing Members/Managers Managing Member				City / State / Zip	
MGR	Louis Michael DiS	ciascio 3	3003 SW 141 Avenue			Miramar, Florida 33027	
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						##T (SO)	
			19 5 7 3 5	Date Harry	entales.		
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11. 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 Date 8/7/07 Daytime Phone #954-410-4858							
Typed or printed name of signing Managing Member/Manager Louis Michael DiSciascio							