PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	NY Secretary of State		SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT -3 AM 10: 43			
DOCUMENT # LD叶 2001 1. Limited Liability Company's Name	19EEC					
GEORGE ARAMBULO LLC			CP3E044 (9/05)			
2. Principal Office Address 3. Mailing O		fice Address		CR2E041 (8/05)		
1065 VISTA PALMA WAY	1065 VISTA	PALMA WAY	4. State/Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#, etc.		FLORIDA 5. Date Organized or Qualified		
City & State City & State				ess in Florida 10 - (1 - 200) L	Į.	
Am () A		6. FEI Nur			ied For	
Zip Country	ZIP	Country	7	7. SS.00 Additional Fee required		
32825 134	32825	AZU	CERTIFICATE O	OF STATUS DESIRED S5.00 Additional F for a Certificate		
8. Name and Address of Current Registered Agent						
Suite, Apt. #, Etc. City O ICLIAN DD State State Zip Code FL 32825 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 REGISTERED AGENT MUST SIGN Date STEPT. 23, 2006						
10. Names and Street Addresses of Managing Mer	nbers/Managers					
Titles Name of Managing Members/ Manag	ers	Street Address of Each Managing Member/ Manager		City / State / Zip		
MAR GEORGE ARAMBUL	b 106T	1065 VISTA PALLIX WAY		OVLANDO, FL. 3282	<u> </u>	
	YSTATE:	43KN <u>05</u> -0	10/03/ 50) 10/03/	0080385445 0601020001 **200. 0080385445 0601020002 **5,00	~~	
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 Manager George Harts Date 9-23-06 Daytime Phone # 1407-733-1930						
Typed or printed name of signing Managing Member/Manager EEOREIE ARAMBULD						