
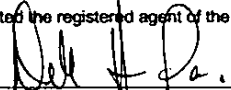



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: center;">06 MAY -1 AM 11:06</div>	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">L04000074230</span>					
<b>1. Limited Liability Company's Name</b> D.D.R. INVESTMENTS, LLC					
<b>2. Principal Office Address</b> 8 Broadway		<b>3. Mailing Office Address</b> Same		<div style="text-align: right;">CR2E041 (8/05)</div> <div style="border: 1px solid black; padding: 5px;"><b>4. State/Country of Formation</b> Florida</div> <div style="border: 1px solid black; padding: 5px;"><b>5. Date Organized or Qualified To Do Business in Florida</b> 10/13/04</div> <div style="border: 1px solid black; padding: 5px;"><b>6. FEI Number</b> 20-2395085 <span style="float: right;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span></div> <div style="border: 1px solid black; padding: 5px;"><b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <span style="float: right;">\$5.00 Additional Fee required for a Certificate of Status</span></div>	
<b>Suite, Apt. #, etc.</b> Suite 218		<b>Suite, Apt. #, etc.</b>			
<b>City &amp; State</b> Kissimmee, FL		<b>City &amp; State</b>			
<b>Zip</b> 34741	<b>Country</b> Csceola	<b>Zip</b>	<b>Country</b>		
<b>8. Name and Address of Current Registered Agent</b>					
<b>Name</b> Dale H. Parsons					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8 Broadway					
<b>Suite, Apt. #, Etc.</b> Suite 218					
<b>City</b> Kissimmee				<b>State</b> FL	<b>Zip Code</b> 34741
<b>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.</b>					
<b>Signature of Registered Agent</b> 				<b>Date</b> 4.19.06	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>		<b>City / State / Zip</b>	
MGRM	Dale H Parsons	8 Broadway, Suite 218		Kissimmee, FL 34741	
				300075107432 05/22/06--01059--010 **200.00	
		REINSTATEMENT 05-06			
<b>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.</b>					
<b>Signature of Managing Member/Manager</b> 				<b>Date</b> 4-19-06 <b>Daytime Phone #</b> 407-847-4706	
<b>Typed or printed name of signing Managing Member/Manager</b> Dale H. Parsons					