


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO4000076562</u>			
1. Limited Liability Company's Name MCM 1 LLC			
2. Principal Office Address 560 ne 55th st Suite, Apt. #, etc.		3. Mailing Office Address 560 ne 55th st Suite, Apt. #, etc.	
City & State miami		City & State miami	
Zip 33137	Country usa	Zip 33137	Country usa

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E041 (8/05)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/21/2004	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CHRISTPHER CULBERT	
Street Address (P.O. Box Number is Not Acceptable) 560 NE 55TH TERRACE	
Suite, Apt. #, Etc. 100076364331	
City MIAMI	State FL
Zip Code 33137	

06/20/06--01014--004 **2006.00

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 Christopher Culbert
REGISTERED AGENT MUST SIGN

Date May 30, 2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MANOEIL F GERGES	P O BOX 012017	MIAMI,FLORIDA,33101

REINSTATEMENT 05-06

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 [Signature]

Date

Daytime Phone # 05/30/06

Typed or printed name of signing Managing Member/Manager