

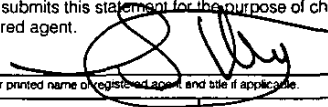


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 19 AM 10:08

DOCUMENT # L04000081889					
1. Entity Name SH & MA, LLC					
Principal Place of Business 383 SEABEE AVENUE NAPLES, FL 34108			Mailing Address 383 SEABEE AVENUE NAPLES, FL 34108		
2. Principal Place of Business 222 CHANNEL DR Suite, Apt. #, etc.		3. Mailing Address 222 CHANNEL DR Suite, Apt. #, etc.			
City & State NAPLES, FLORIDA Zip 34108 Country USA		City & State NAPLES, FLORIDA Zip 34108 Country USA		01102006 REIN-LLC CR2E101 (11/05)	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent JORGE L. MONTES 875 94TH AVE. N. SUITE A NAPLES, FL 34108			7. Name and Address of New Registered Agent Name SCOTT M. KETCHUM, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 692 GOODLETTE RD N City NAPLES FL Zip Code 34102		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating) DATE 1-17-06			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELYASSI, MAHMOUD 383 SEABEE AVENUE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELYASSI, MAHMOUD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 222 CHANNEL DR NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESIKA, SHALOM 383 SEABEE AVENUE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESIKA, SHALOM <input type="checkbox"/> Change <input type="checkbox"/> Addition 222 CHANNEL DR NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400065003144 02/01/06--01083--022 ***205.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		1-17-06 239-403-0148			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			