PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT COMPANY COMPANY	SECRETARY OF STATE TALLAHASSEE, FLORIDA 07 APR 1 AM 9: 43
DOCUMENT# LO4000083139 1. Limited Liability Company's Name OPPORTUNITY KNOCKS, LLC	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address # PL 10 27 W 107 PL Suite, Apt. #, etc.	CR2E041 (1/07) 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida
City & State CITICAG 6, III City & State ChicAg 0, III Zip Country Country COC 49 USA City & State ChicAg 0, III Country Country Country	6. FEI Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name VINCE Price Street Address (P.O. Box Number is Not Acceptable) 5305 Thurn fun Cane Suite, Apt. #, Etc. City Panama City FL 32404	A \$100 reinstatement fee is imposed, except 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.
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 Date Date	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Managers	
MGR Vince Price 5305 Thornton (ane Panama City FC. 32404	
12/28/06-01038-021-#150.00	
	500096485065 04/11/0701027023 **100.00
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 filling 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 Daytime Phone# 50 -5 2 - 6.93 Typed or printed name of signing Managing Member/Manager	