

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 18 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000083146

1. Limited Liability Company's Name
ACCURATE ABSTRACT & RESEARCH, L.L.C.

2. Principal Office Address - No P.O. Box # 20700 GULF STREAM RD		3. Mailing Office Address 20700 GULF STREAM RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33189	Country USA	Zip 33189	Country USA

CR2E041 (1/07)

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida
NOVEMBER 17, 2004

6. FEI Number
83-0412688

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
WAYNE HORWITZ, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
800 CORPORATE DRIVE

Suite, Apt. #, Etc.
SUITE 310

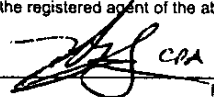
City
FORT LAUDERDALE

State
FL

Zip Code
33334

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.

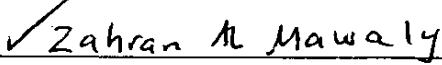
Signature of Registered Agent  C.P.A. Date 5-1-07

REGISTERED AGENT MUST SIGN

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
MGRM	ZAHARAN AL-MAWALY	20700 GULF STREAM RD	MIAMI, FL 33189

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  Date 5-1-07 Daytime Phone # 954 410 5544

Typed or printed name of signing Managing Member/Manager ZAHARAN AL-MAWALY

400103197194
05/24/07--01024--012 **250.00
REINSTATEMENT 05-01