

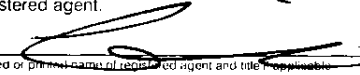
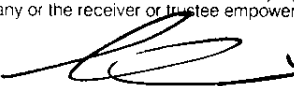


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:54

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # L04000083519 1. Entity Name EMPLIFY LLC | | | |  | |
| Principal Place of Business 600 N PINE ISLAND RD #401 PLANTATION, FL 33324 | | | Mailing Address 600 N PINE ISLAND RD #401 PLANTATION, FL 33324 | | |
| 2. Principal Place of Business 7420 NW 5th St | | 3. Mailing Address 7420 NW 5th St | |  | |
| Suite, Apt. #, etc. # 104 | | Suite, Apt. #, etc. #104 | | 10032006 REIN-LLC CR2E101 (11/05) | |
| City & State PLANTATION, FL | | City & State PLANTATION, FL | | 4. FEI Number 20-1891579 | |
| Zip 33317 | | Country United States | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOBRIN, IVAN 600 N PINE ISLAND RD #401 PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name DOBRIN, IVAN Street Address (P.O. Box Number is Not Acceptable) 7420 NW 5th St Suite #104 City Plantation FL Zip Code 33317 | |
| 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  <small>Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE 10/03/06 | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOBRIN, IVAN 600 N PINE ISLAND RD #401 FORT LAUDERDALE, FL 33324 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOBRIN, IVAN 7420 NW 5 th St, Ste #104 PLANTATION, FL 33317 | <input checked="" 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 | 400080500944 10/05/06--01046--004 **50.00 | | |
| 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 | | |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | DATE 10/03/06 954 653 3553 <small>Date Daytime Phone #</small> | |