FILED

2005 NOV 30 A 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000085109

1. Limited Liability Company's Name
EA GROUP, LLC

2. Principal Office Address	3. Mailing Office Address
2 S. Biscayne Blvd.	2 S. Biscayne Blvd.
Suite, Apt. #, etc. Sulte 2630	Suite, Apt. #, etc. Suite 2630
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/23/04

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $50.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd.

Suite, Apt. #, Etc.: Suite 1600(BSW)

City: Miami State: FL Zip Code: 33131

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: Felicia Tickey Asst Secretary of CCOM Date: 11/30/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Aim, Emmanuel	2 S. Biscayne Blvd., Suite 2630	Miami, FL 33131
		REINSTATEMENT	05
			BAL

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: 3/11/05 Daytime Phone # 310-

Typed or printed name of signing Managing Member/Manager

Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
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LIMITED LIABILITY REINSTATEMENT

EA GROUP, LLC

Certificate of Status	0
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