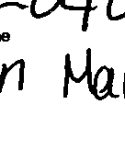


LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L040000 85978		
1. Limited Liability Company's Name New vision Management services LLC.		
2. Principal Office Address - No P.O. Box # 2704 W. Oakland Park	3. Mailing Office Address same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Oakland Park, FL		City & State
Zip 33311	Country USA	Zip
8. Name and Address of Current Registered Agent		
Name Sherly Gayle		
Street Address (P.O. Box Number is Not Acceptable) 2704 W. Oakland Park Blvd		
Suite, Apt. #, Etc.		
City Oakland Park	State FL	Zip Code 33311
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and		
Signature of Registered Agent Sherly Gayle		
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
NORM	Sherly Gayle	2704 W. Oakland Park
REINSTATEMENT 05-08 GA		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application this reinstatement application the reason for dissolution has been eliminated, the limited liability company all fees owed by the limited liability company have been paid. The information indicated on this application as if made under oath.		
Signature of Managing Member/Manager x Sherly Gayle		
Typed or printed name of signing Managing Member/Manager		Date 9/1