
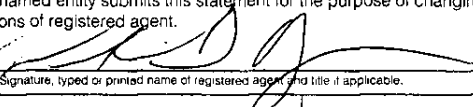
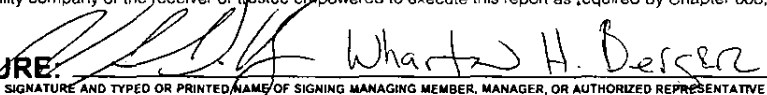


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000088402 1. Entity Name WHB RESEARCH LLC						FILED 2007 OCT 17 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8362 PINES BLVD., #143 PEMBROKE PINES, FL 33024				Mailing Address 8362 PINES BLVD., #143 PEMBROKE PINES, FL 33024			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 20-1984723			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM HARBOR GARDENS, FL 33410				7. Name and Address of New Registered Agent Name W.H. Berger Street Address (P.O. Box Number is Not Acceptable) 8950 OGDHAM WAY City West Palm Beach FL Zip Code 33412			
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 if applicable.</small>				DATE 10/15/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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							
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BERGER, WHARTON		NAME				
STREET ADDRESS	8362 PINES BLVD., #143		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		CITY-ST-ZIP				
10. ADDITIONS/CHANGES							
900110902589 10/17/07--01051--008 **50.00							
REINSTATEMENT 07							
LS							
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  Wharton H. Berger 10/15/2007 561-630-9075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							