PILASE EAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS						2008	2008 MAY 27 PM 2: 56		
DOCUMENT # L0400093315 1. Limited Liability Company's Name						TALL	RETARY OF STATE AHASSEE.FLORIDA		
Vallyn Holdings, L.L.C.							0005044 (42)07)		
2. Principal	al Office Address - No P.O. Box #	3. Mailing Of	ffice Addres	s S		┨	CR2E041 (12/07)		
1732 S.	1732 S. C	1732 S. Congress Ave				4. State/Country of Formation			
Suite, Apt. #	f, etc.	Suite, Apt. #, (Suite, Apt. #, etc.				FL/USA		
193		193					5. Date Organized or Qualified To Do Business in Florida 12/17/2004		
City & State		City & State	\			6. FEI Numbe	6. FEI Number Applied For		
Palm Sp Zip	orings, FL	Palm Sprii	ngs, FL	Country		56-249	1686	Not Applicable	
33461	Country	33461		USA	-	7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent									
Name	<u> </u>			-		-	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
	Registered Agents, Inc					in circ			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive							receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.							not received and requesting the \$100		
4 City				State Zip Code		reinstat	reinstatement be waived.		
Weston				FL	33331				
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 Peter F. Souza Registered Agent MUASSISTENT Secreta						a t arv —	Date 5/19/08		
<u> </u>				SEE SEE	tant coo.c.				
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		
MAK	Timothy Shindelar	1732 S.	1732 S. Congress Ave, 193			Palm Springs, FL			
MGRM	Stacey Shindelar 173			732 S. Congress Ave, 193			Palm Springs, FL		
								j	
04/01/0801008006 ***238								**238.75	
700122302757 04/07/0801008007 **5.0								'57 **5.00	
	06/08/0801013017 ***277.								
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									

Typed or printed name of signing Managing Member/Manager Stacey Shindelar