
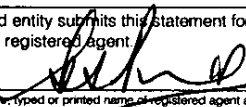
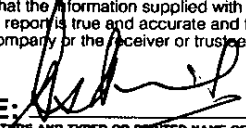


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:14

<b>DOCUMENT # L05000015182</b> 1. Entity Name <b>SNKR II, LLC</b>			
Principal Place of Business <b>32180 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684</b>		Mailing Address <b>32180 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>19103 AVE BAYONNES</b> <b>LUTZ</b> <b>FL</b> <b>33558</b> <b>USA</b>	
		09262006    REIN-LLC    CR2E101 (11/05)	
		4. FEI Number  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PATEL, SHODHAN</b> <b>19103 AVENUE BAYONNES</b> <b>LUTZ, FL 33549</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SHODHAN	NAME	<b>100080264931</b>
STREET ADDRESS	19103 AVENUE BAYONNES	STREET ADDRESS	<b>09/28/06--01043--015    **100.00</b>
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANT, RANCHOD	NAME	
STREET ADDRESS	50 BAHAMA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, KRUTIKA	NAME	
STREET ADDRESS	19103 AVENUE BAYONNES	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL-33549	CITY-ST-ZIP	
TITLE	MGRM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHANT, SAROJ	NAME	
STREET ADDRESS	50 BAHAMA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>REINSTATEMENT</b> <b>2086</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: <b>9/28/06</b> Daytime Phone #: <b>839660177</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			