


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 9:23

DOCUMENT # L05000019584		
1. Entity Name GOODFELLAS HOLDINGS, L.L.C.		

Principal Place of Business 808 SE DIXIE HWY STUART, FL 34994	Mailing Address 808 SE DIXIE HWY STUART, FL 34994
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2. Principal Place of Business 3091 SE JAY ST Suite, Apt. #, etc.	3. Mailing Address 3091 SE JAY ST Suite, Apt. #, etc.
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City & State STUART, FL	City & State STUART, FL
Zip 34997	Country
Zip 34997	Country



10102006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-2845545		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GOMES, RICHARD J 808 SE DIXIE HWY STUART, FL 34994		7. Name and Address of New Registered Agent Name MICHAEL MOTTO III Street Address (P.O. Box Number is Not Acceptable) 3091 SE JAY ST City STUART FL Zip Code 34997

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.

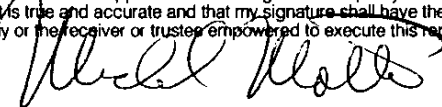
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMES, RICHARD J 808 SE DIXIE HWY STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080823586 10/13/06--01033--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOTTO, MICHAEL III 808 SE DIXIE HWY STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3091 SE JAY ST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINELLI, DAVID 808 SE DIXIE HWY STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE