
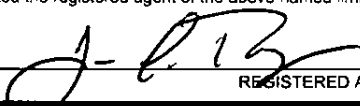



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000030429			
1. Limited Liability Company's Name The Law Offices of James S. Troy, LLC			
2. Principal Office Address - No P.O. Box # 3251 Coral Lake Way Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State	
Zip 33065	Country USA	Zip	Country
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 3/28/2005	
6. FEI Number 20-2559243		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name James S. Troy, Esq. Street Address (P.O. Box Number is Not Acceptable) 3251 Coral Lake Way Suite, Apt. #, Etc. City Coral Springs State FL Zip Code 33065			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 Registered Agent  Date June 10, 2009 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	City / State / Zip
MGRM	Troy, James Steven	3251 Coral Lake Way	Coral Springs, FL 33065
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 Managing Member/Manager  Date 6/10/09 Daytime Phone# 954.682.1037 Typed or printed name of signing Managing Member/Manager JAMES S. TROY			