

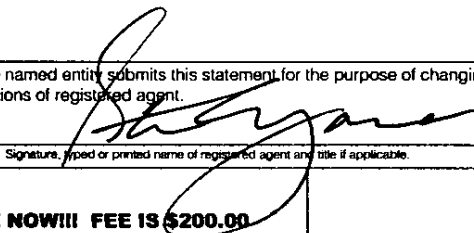
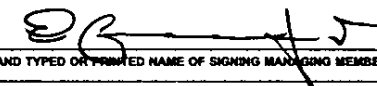


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 12 AM 9:19

DOCUMENT # L05000031738 1. Entity Name CHF ACQUISITIONS LLC					
Principal Place of Business 75 SW FIFTH AVENUE DELRAY BEACH, FL 33444			Mailing Address 75 SW FIFTH AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business - No P.O. Box # 7260 SW 13 Street <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7260 SW 13 Street <small>Suite, Apt. #, etc.</small>			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 061748815	
Zip 33144		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KINCAIDE, JOHNNY ESQ. 75 SW FIFTH AVENUE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Steven L. Jones, Esq. Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2nd Avenue Suite 216 City Miami Shores FL Zip Code 33138	
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  Steven L. Jones 01/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRESPO, ESTRELLA 75 SW FIFTH AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900085018449 01/18/07--01039--003 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCINI, JEANETTE 75 SW FIFTH AVENUE DELRAY BEACH, FL 33444	<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	MGRM HAYDEN, RAGAN 75 SW FIFTH AVENUE DELRAY BEACH, FL 33444	<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	MGRM 	<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	MGRM 	<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	MGRM 	<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:  Estrella Crespo 01/10/07 (305) 751-1851 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #</small>					