


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # LO5000031785																											
1. Limited Liability Company's Name PRJC, LLC																											
2. Principal Office Address - No P.O. Box # 304 Bay Drive S Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.																									
City & State Bredekamp Beach FL		City & State																									
Zip 33414	Country USA	Zip	Country																								
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 3/31/05																									
6. FEI Number 20-2784273		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 Carlisle Roberts Street Address (P.O. Box Number is Not Acceptable) 304 Bay Drive South Suite, Apt. #, Etc. City Bredekamp Beach State FL Zip Code 33414																											
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 [Signature] Date 11/17/07 REGISTERED AGENT MUST SIGN																											
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>Carlisle Roberts</td><td>304 Bay Drive South Bredekamp Beach, FL 33414</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Carlisle Roberts	304 Bay Drive South Bredekamp Beach, FL 33414																	
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11. E-mail Address: _____ (To be used for future annual report notifications)																											
12. 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 [Signature] Date 11/19/07 Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager Carlisle Roberts																											

FILED

2009 DEC -9 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/08/09--01024--002 **277.50
CR2E041 (11/08)

*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.

REINSTATEMENT 08-09 AL