

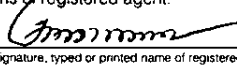
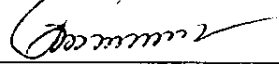


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 19 AM 9:40

DOCUMENT # L05000036922 1. Entity Name INGRID BERTLING LLC					
Principal Place of Business 359 MERIDIAN AVE #A102 MIAMI BEACH, FL 33139			Mailing Address 359 MERIDIAN AVE #A102 MIAMI BEACH, FL 33139		
2. Principal Place of Business 10 SW S RIVER DR Suite, Apt. #, etc. # 1715		3. Mailing Address 10 SW S RIVER DR. Suite, Apt. #, etc. # 1715			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 731734556	
Zip 33130		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAUKIENE, INGRID 359 MERIDIAN AVE # A102 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name INGRID BERTLING LLC Street Address (P.O. Box Number is Not Acceptable) 10 SW S RIVER DR # 1715 City MIAMI FL Zip Code 33130	
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 01/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUKIENE, INGRID 359 MERIDIAN AVE #A102 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUKIENE, INGRID 359 MERIDIAN AVE #A102 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
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: 			01/15/07 954-663-1012		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		