

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
200.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 9:49

DOCUMENT # L05000041832

1. Limited Liability Company's Name

126 Ocean Way, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 100 Ocean Way		3. Mailing Office Address 100 Ocean Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, Florida		City & State Vero Beach, Florida	
Zip 32963	Country	Zip 32963	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida: 04/28/2005	
6. FEI Number 20-2810910	Applied For 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 Frederick Piumelli			
Street Address (P.O. Box Number is Not Acceptable) 100 Ocean Way			
Suite, Apt. #, Etc.			
City Vero Beach, Florida	State FL	Zip Code 32963	

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: Frederick Piumelli, Manager Date: 3/16/07
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	The EMO & WC, LLC	100 Ocean Way	Vero Beach, FL 32963
			000121792480 05/14/08--01007--019 **216.25
			000121792480 04/01/08--01021--004 **200.00
REINSTATEMENT 2006-08			

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: Frederick A. Piumelli, mfc Date: 3/24/08 Daytime Phone #: 775-818-1919

Typed or printed name of signing Managing Member/Manager: FREDEKIL A. Piumelli, mfc