
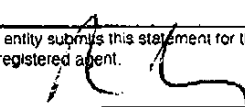
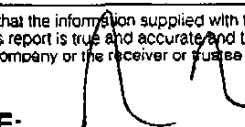


## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000047073</b> 1. Entity Name 3344 N.E. 167TH STREET, LLC			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  07 JUN 12 PM 3:44
Principal Place of Business 17100 COLLINS AVENUE SUITE 205-206 SUNNY ISLES BEACH, FL 33160		Mailing Address 17100 COLLINS AVENUE SUITE 205-206 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box # 16850 Collins Ave. Suite, Apt. #, etc. Suite 105 City & State Sunny Isles Beach, FL Zip 33160 Country USA		3. Mailing Address 16850 Collins Ave Suite, Apt. #, etc. Suite 105 City & State Sunny Isles Beach, FL Zip 33160 Country USA	
6. Name and Address of Current Registered Agent  RICHARD A. ARONSKY, P.A. 17100 COLLINS AVENUE SUITE 205-206 SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  <small>Signature, typed or printed name of registered agent and (ife # applicable)</small>		DATE 5/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE DAYTIME PHONE #	



05042007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-8083898  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Richard Aronsky, MGR  
DCA Management, LLC  
16850 Collins Ave., St. 105  
Sunny Isles Beach, FL 33160  
 Change  Addition

~~Richard Aronsky, MGR  
DCA Management, LLC  
16850 Collins Ave., St. 105  
Sunny Isles Beach, FL 33160~~  
 Change  Addition

700104456447  
06/18/07-01003-011 \*\*100.00  
 Change  Addition

**REINSTATEMENT**  
06-07  
 Change  Addition

Change  Addition

Change  Addition