PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

915.06

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		FILE SECRETARY DIVISION OF CO	OF STATE RPORATIONS
DOCUMENT # LOSOOUS 50357 1. Limited Liability Company's Name				06 OCT 31	rn 4: 43
CIEAN Freat 2 Principal Office Address 1132 Carrawayst Suite, Apr. #, etc. City & State Tallahasse Fl Zip 2 Country 3 2 2 0 32	3. Mailing Office Address Same Suite, Apt. #, etc. City & State Same Zip		4. State/Country of F. 1. Or 5. Date Organized or To Do Business in 6. FEI Number O 1-083 7. CERTIFICATE OF STA	Qualified 5/2. 5 8 8 1	Applied For Not Applicable
32308	:		CERTIFICATE OF STA		or a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City					
Signature of Registered Agent / / X/WCM, J.4 Date 10 10 06					106
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Mem	bers/Managers				
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Mana			
morm Vincent Garcia		1132 (arra way) + Talla. Fl. 3270y		alla. Fl.	32308
				080877 01044023	
		REINST	ATEME	VI <u>2000</u>	
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 Date 10110106 Daytime Phone# 550-561-6812					
Signature of Managing Member/Manager					