


1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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11/06/07--01052--010 \*\*150.00

CR2E041 (1/07)

DOCUMENT # L05000056186

1. Limited Liability Company's Name

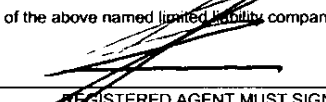
**FRANKENWYTE LLC**

<b>2. Principal Office Address - No P.O. Box #</b> 555 South Federal Highway		<b>3. Mailing Office Address</b> 555 South Federal Highway	
Suite, Apt. #, etc. Suite 450		Suite, Apt. #, etc. Suite 450	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33432	Country USA	Zip 33432	Country USA

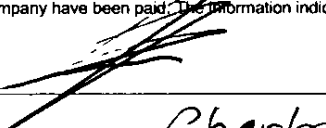
<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/07/2005	
<b>6. FEI Number</b> 11-3752383	Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name Charles G. White			
Street Address (P.O. Box Number is Not Acceptable) 555 South Federal Highway			
Suite, Apt. #, Etc. Suite 450			
City Boca Raton	State FL	Zip Code 33432	

☒ 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.

<b>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.</b>	
Signature of Registered Agent 	Date 11/1/07

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	Charles G. White	555 South Federal Highway, Suite 450	Boca Raton, FL 33432
MGRM	Diane Frankle	949 Seagate Drive	Delray Beach, FL 33483
<b>REINSTATEMENT 2006-07</b>			

<b>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.</b>	
Signature of Managing Member/Manager 	Date 11/1/07
Typed or printed name of signing Managing Member/Manager Charles G. White	

Daytime Phone# (305) 281-3832

272

Frankenwyte LLC  
President-Charles G. White  
555 South Federal Highway  
Suite 450  
Boca Raton, FL 33432

Florida Department of State  
Division of Corporations  
Registration Section

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 NOV - 6 PM 4:18

RE: Reinstatement

Dear Sir or Madam:

Please find enclosed the completed reinstatement form and a check for \$150.00. I had no idea that Frankenwyte LLC had been administratively dissolved until the seller's attorney told me yesterday before it was to purchase commercial property. I have filed K-1's with the I.R.S. for the last two years. I had relied upon Corporation Service Company to keep the company current, and sent them money last year, but never received anything else from them or a bill from your office. Please waive whatever additional fees might otherwise be due on this transaction. If you need to discuss this further, please call me at (305)281-3838.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Charles G. White  
President