PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY		FILED			
DOCUMENT # L 05 00056739			08 JUN 12 PM 1:53		
1. Limited Liability Company's Name			SECRETARY OF STATE		
MITELLC			TALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (12/07)			
417 HENDRICKE ISLE	ISLE 417 HEDRICES IILE		4. State/Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Broward Courty, Flowo A 5. Date Organized or Qualified		
City & Chair		· · · · · · · · · · · · · · · · · · ·	To Do Business in Florida		
City & State Foot Counterbale	 	BY BUT LANDENDAVE		6. FEI Number Applied For	
Zip Country	Zip Zip	Country	70-2	975518 Not Applicable	
33301 U.S.A.	3330)	USA	CERTIFICATE	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
SANFORD REINHARD, P.A.			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.		
Street Address (P.O. Box Number is Not Acceptable)					
287 S NE 1915T STREET Suite, Apt. #, Etc.					
Suite 404					
AVEUTURA State Zip Code FL 33180					
9. I, being appointed the registered agent of the above named liquited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent				Date 5/36/08	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Me	mbers/Managers	04 A ## ##			
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MICHAEL AMBROSIO 47 HENSPICKS I		HEWeich III	足	FOR LANDERS LE. F) 3330	
GRM TERESA AMBROSIO 417 HENDRUKS		TILE '	FOOT LOWSEDALE FL 33301		
			40 06/03/	0130684954 0801023012 **516.25	
PEINSTATEMENT 2	2006 - 2008				
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 2008 Daytime Phone # 365-931-651/					
Typed or printed name of signing Managing Member/Manager					