


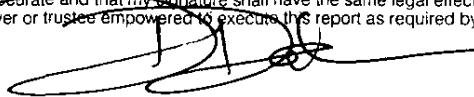


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000060112 1. Entity Name DECOMAR LLC						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">2007 NOV 14 PM 1:14</div> <div style="font-size: 0.8em; font-weight: bold; margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 925-935 MARSEILLE DRIVE MIAMI BEACH, FL 33141				Mailing Address 9 ISLAND AVENUE 2114 MIAMI BEACH, FL 33139			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DAHARI, DYAN 3914 ISLAND ESTATES DRIVE AVENTURA, FL 33160				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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAHARI, DYAN 3914 ISLAND ESTATES DRIVE AVENTURA, FL 33160 <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	MGR DAHARI, ZION C 3914 ISLAND ESTATES DRIVE AVENTURA, FL 33160 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-weight: bold; text-align: center;">900112174619</div> <div style="font-size: 0.8em; text-align: center;">11/09/07--01039--014 **150.00</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CODEN, JACK 9 ISLAND AVENUE #2114 MIAMI BEACH, FL 33139 <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	<div style="font-size: 0.8em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">07</div> <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>							
						<small>Date</small> _____ <small>Daytime Phone #</small> _____	