PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
LIMITED LIABILITY COMPANY REINSTATEMENT							FILED	
DOCUMENT # L05000064640						7	08 DEC 16 PH 12:53 SECRETARY OF STATE. TALLAHASSEE, FLORIDA	
	2. Principal Office Address - No P.O. Box # 3. Mailing O						CR2E041 (10/08)	
			IW 52 COURT			4. State/Coun FLORIDA	4. State/Country of Formation FLORIDA	
	#, etc.	ουιια, <i>τ</i> ιμι. <del>τ</del> ., ·	Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida 06/29/2005		
City & State	te L SPRINGS, FL	City & State CORAL S	City & State CORAL SPRINGS, FL			6. FEI Number Applied For		
Zip	Country	Zip		Count		7. SEDIFICATE OF STATUS DESIDED 2. \$5.00 Additional Fee required		
33076	USA	33076		USA	· · · · · · · · · · · · · · · · · · ·	CERTIFICATE	E OF STATUS DESIRED	
8. Name and Address of Current Registered Agent   Name   MARLO A. AFFATATI   Street Address (P.O. Box Number is Not Acceptable)   12346 NW 52 COURT   Suite, Apt. #, Etc.   City State						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.		
CÓRAL				FL	33076			
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. Signature of Registered Agent /								
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Managing Members/Manag	<b></b>	Street Address of Each Managing Member/Manager			City / State / Zip		
MGR	MARLO A AFFATATI	12346 NW 52 COURT				CORAL SPRINGS, FL 33076		
MGR	JAMES P DERESPINO	5700 NW 61 PLACE				PARKLAND, FL 33067		
MGR	MARC S BRODER	5103 NW 125 AVENUE				CORAL SPRINGS, FL 33076		
						12/16/	0801022007 **282.50	
<b>REINSTATEMENT</b> 2007-200 12/16/08-01022-007 **282.50								
without Penalty up 12/17/08								
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 Manager Manager Manager MARLO A. AFFATATI								