


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 AM 10: 02

DOCUMENT # L05000070567 1. Entity Name AEL, LLC	
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Principal Place of Business P.O. BOX 11338 FORT LAUDERDALE, FL 33339	Mailing Address P.O. BOX 11338 FORT LAUDERDALE, FL 33339
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2. Principal Place of Business - No P.O. Box # <i>11095 NW 79 PL</i> Suite, Apt. #, etc.	3. Mailing Address <i>PO BOX 41338</i> Suite, Apt. #, etc.
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08212008 REIN-LLC CR2E101 (1/07)

City & State <i>PANAMA FL</i>	City & State <i>FT LAUDERDALE FL</i>
Zip <i>33076</i>	Zip <i>33339</i>
Country <i>BROWARD</i>	Country <i>BROWARD</i>

4. FEI Number 51-0566778	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MUCCI, MARK S 5561 NORTH UNIVERSITY DRIVE SUITE 102 CORAL SPRINGS, FL 33067	7. Name and Address of New Registered Agent Name <i>Sandra Nabozny-Younger</i> Street Address (P.O. Box Number is Not Acceptable) <i>93351 Overseas Hwy, Ste. 1B</i> City <i>Tavernier</i> FL Zip Code <i>33070</i>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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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 *Sandra Nabozny-Younger* 9-9-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODMAN, ALLAN 4901 NW 115TH TERRACE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400135803744 09/12/08--01052--002 **382.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISURACA, STEPHEN 4901 NW 115TH TERRACE CORAL SPRING, FL 33076 <input checked="" 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
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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: *Allan Woodman* **ALLAN WOODMAN** 9-1-08 9542961944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT
07-08