


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000071178		
1. Entity Name TOUCHSTONE, LLC		

Principal Place of Business 2793 OAKLAND FOREST DRIVE SUITE 101 OAKLAND PARK, FL 33309	Mailing Address 22107 SOUTH FIGUEROA BLVD. LOS ANGELES, CA 90745
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2. Principal Place of Business - No P.O. Box # 2793 Oakland Forest Dr. Suite, Apt. #, etc. Suite 101	3. Mailing Address 2502 Rockefeller Ln. Suite, Apt. #, etc. #B
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City & State Oakland Park, FL	City & State Redondo Beach, CA
Zip 33309	Zip 90278
Country U.S.A.	Country USA

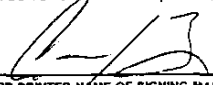
6. Name and Address of Current Registered Agent TOUCHSTONE, CASEY 2793 OAKLAND FOREST DRIVE OAKLAND PARK, FL 33309	
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7. Name and Address of New Registered Agent Name Kimberly Price Street Address (P.O. Box Number is Not Acceptable) 2793 Oakland Forest Dr. City Oakland Park, FL Zip Code 33309	
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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 	DATE 7-11-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$200.00	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	CEO TOUCHSTONE, CASEY 22107 SOUTH FIGUEROA LOS ANGELES, CA 90745 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Kimberly Price 2502 Rockefeller Ln. #B Redondo Beach, CA 90278 <input checked="" 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	500106495105 07/20/07--01034--004 **205.00 <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	REINSTATEMENT 06/07 <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	<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: 	DATE 7-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

FILED
07 JUL 18 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112007 REIN-LLC CR2E101 (1/07)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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