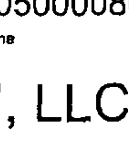
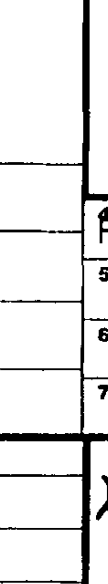
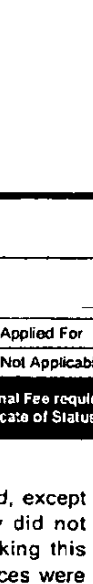


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	2007 OCT 30 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L05000080537			
1. Limited Liability Company's Name <div style="font-size: 24pt; font-weight: bold; text-align: center;">PREBRAN, LLC.</div>			
2. Principal Office Address - No P.O. Box # 208 ODOM'S MILL BLVD		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PONTE VEDRA BEACH, FL		City & State	
Zip 32082	Country	Zip	Country
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 08/15/2005	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name TERRY L. PAYNTER			
Street Address (P.O. Box Number is Not Acceptable) 208 ODOM'S MILL BLVD			
Suite, Apt. #, Etc.			
City PONTE VEDRA BEACH, FL		State FL	Zip Code 32082
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 		Date 10/16/07	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TERRY L. PAYNTER	208 ODOM'S MILL BLVD	PONTE VEDRA BEACH, FL 32082
<div style="font-size: 36pt; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">LS</div> <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">10-07</div>			
10/16/07--01049--022 **200.00			
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 10/17/07 Daytime Phone # 904-716-0043	
Typed or printed name of signing Managing Member/Manager TERRY L. PAYNTER			