

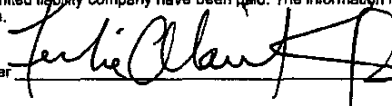


LD 5000081587

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| | | | | | |
|--|-----------------------------------|---|---------------------------------|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | <div> <div>FILED</div> <div>07 SEP 26 AM 8:16</div> <div>SECRETARY OF STATE</div> <div>TALLAHASSEE, FLORIDA</div> </div> | |
| DOCUMENT # 1. Limited Liability Company's Name <div>CUVAL LLC</div> <div>76</div> | | | | | |
| 2. Principal Office Address - No P.O. Box # Rozencwaig, Nadel & Ferrero-Carr, LLP Suite, Apt. #, etc. 301 W. Hallandale Beach Boulevard City & State Hallandale Beach, Florida Zip 33009 Country United States | | 3. Mailing Office Address Rozencwaig, Nadel & Ferrero-Carr, LLP Suite, Apt. #, etc. 301 W. Hallandale Beach Boulevard City & State Hallandale Beach, Florida Zip 33009 Country United States | | 4. State/Country of Formation FLORIDA/US 5. Date Organized or Qualified To Do Business in Florida 08/17/2005 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 Rozencwaig, Nadel & Ferrero-Carr, LLP Street Address (P.O. Box Number is Not Acceptable) 301 W. Hallandale Beach Boulevard Suite, Apt. #, Etc. City Hallandale Beach State FL Zip Code 33009 | | | | <input type="checkbox"/> 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. | |
| 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 September 24, 2007 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 | | |
| MGR | Leslie Alan Rozencwaig, Esq. | c/o 301 W. Hallandale Beach Boulevard | Hallandale Beach, Florida 33009 | | |
| | | | | 200110206492 10/03/07-01008-006 **200.00 | |
| | | | | REINSTATEMENT 2006-2007 | |
| 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 608.408, 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 9/24/07 Daytime Phone # 954-455-5100 Typed or printed name of signing Managing Member/Manager | | | | | |