PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY REINSTATEMENT DOCUMENT # LOS 000 8 8 | DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS | 1 | O7 DEC I PH 1: 40 SECRETARY OF STATE TALLAHASSEE FLORIDA |
|--|--|---|--|
| 1. Limited Liability Company's Name Life Style Concepts 2. Principal Office Address: No P.O. Box # 3. Mailing Office Address | | | CR2E041 (1/07) |
| 4939 NORMANSY DR 4939 NORMANDY DR | | 4. State/Coun | try of Formation |
| Suite, Apt. #, etc. Suite, Apt. #, | etc. | | ized or Qualified ness in Florida 08/18/2005 |
| | sco, TX | 6. FEI Numbe | |
| 75034 COUNTY SA 219750 | 34 USA | 7. | OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent | | | |
| Name RUSSELL NERSESOV | | A \$100 reinstatement fee is imposed, except | |
| Street Address (P.O. Box Number is Not Acceptable) 2142 EL DORADO PKWY WEST | | in circumstances which the entity did not receive the prior notices. By checking this | |
| Suite, Apt. #, Etc. | | box, you are certifying the prior notices were not received and requesting the \$100 | |
| City CAPE CORAL State Zip Code FL 33914 | | reinstat | ement be waived. |
| 9. 1, being appointed the registered age it of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | |
| Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN | | | Date X 11/3/07 |
| 10. Names and Street Addresses of Managing Members/Managers | | | |
| Titles Name of Managing Members/Managers | Street Address of Each Managing Member/Manag | | City / State / Zip |
| MGRM Edward Mandel MGRM CHONE NGUYEN | 4939 NORMONDY DR, FRISCO, TY | | FRISCO, TX 75034 |
| MERM CHONS NOUYEN | 1505 SE 14+ | h Street | GRAND PRAIRIE, TX 75051 |
| | | | 75051 |
| | 000112851940 12/05/4701033009 **200.00 | | |
| DEINSTATEMENT 04, ¢7 | | | |
| REINSIZXI | | | |
| 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 11-29-07 Daytime Phone # 214-498-3331 | | | |
| Typed or printed name of signing Managing Member/Manager Edward Mandel | | | |