
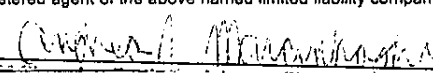



FILED
09 JUN -9 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">FILED 09 JUN -9 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 10px;">100156976581 05/28/09--01020--012 **100.00</div> <div style="margin-top: 10px;">CR2E041 (10/08)</div>	
DOCUMENT # L05000082053				<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">FILED 09 JUN -9 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 10px;">100156976581 05/28/09--01020--012 **100.00</div> <div style="margin-top: 10px;">CR2E041 (10/08)</div>	
1. Limited Liability Company's Name GODZ HOLDINGS, LLC					
2. Principal Office Address - No P.O. Box # 2255 GLADES RD		3. Mailing Office Address		4. State/Country of Formation FL	
Suite, Apt. #, etc. SUITE 302-E		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 08 19 2005	
City & State BOCA RATON		City & State		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33431	Country	Zip	Country	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				<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.	
Name ANDREA MARCINKOSKI					
Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES RD					
Suite, Apt. #, Etc. AUITE 302-E					
City BOCA RATON		State FL	Zip Code 33431		
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		 <div style="text-align: right;">100156976581 05/28/09--01020--014 **138.75</div>			
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	LAURA M. GOMEZ-DIEZ	2255 GLADES RD SUITE 302-E	BOCA RATON, FL 33431		
MGR	ANDREA MARCINKOSKI	2255 GLADES RD SUITE 302-E	BOCA RATON, FL 33431		
MGR	MAIBE C. COLMENARES	6735 GREEN ISLAND CIRCLE	LAKE WORTH, FL 33463		
		S. HAWKES			
REINSTATEMENT		JUN 10 2009	<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;">FILED 09 JUN -9 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 10px;">100156976581 05/28/09--01020--013 **416.25</div>		
2006-09		EXAMINER			
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		Daytime Phone #			
					
Typed or printed name of signing Managing Member/Manager		ANDREA GOMEZ-DIEZ			