PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY Secretary of State DIVISION OF CORPORATIONS	08 JUN 25 PH 2: 27
DOCUMENT # LOSODOO 94353 1. Limited Liability Company's Name	SECRETARY OF STATE FALLAHASSEF FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	500131812145 06/27/0801029001 **138.75 CR2E041 (12/07)
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. State/Country of Formation
Swift 113	5. Date Organized or Qualified To Do Business in Florida
City & State City & State City & State	6. FEI Number Applied For Not Applicable
Zip Country Zip Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
33/40	for a Certificate of Status
Name Shakin Saulman Street Address (P.O. Box Number is Not Acceptable) 473/ N. Michigan Ave. Suite, Apt. #, Etc. City State FL 33/40	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 REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of E Managing Members/Managers Managing Member/M	
MGR. Shaken Sugalman 4731 N. Madijam.	hu. Mani Buxh, Fl. 33140
05/67/08-01008-002- #106.60	
EINSTATEMENTOS/07	08-01056-009-#277.50
• 06-08	
11. I certify that I am managing member/manager or the received or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstalement 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 Del Jolo B Daytime Phone # (2032) 7/ - 2350 Typed or printed name of signing Managing Member/Manager	