


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT


<b>DOCUMENT # L05000110879</b>	
1. Entity Name <b>ROOM SERVICE AT HOME, LLC</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 11 AM 10:04

Principal Place of Business <b>4861 NORTH DIXIE HIGHWAY SUITE 4 OAKLAND PARK, 33 33334</b>	Mailing Address <b>4861 NORTH DIXIE HIGHWAY SUITE 4 OAKLAND PARK, 33 33334</b>
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2. Principal Place of Business <b>4231 North Dixie Hwy Suite 1 Oakland Park, FL 33334 U.S.A.</b>	3. Mailing Address <b>4231 North Dixie Hwy Suite 1 Oakland Park, FL 33334 U.S.A.</b>
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10062006 REIN-LLC	CR2E101 (11/05)
4. FEI Number <b>84-1698912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CIOLKO, DEIDRA 4861 NORTH DIXIE HWY SUITE 4 OAKLAND PARK, FL 33334</b>	
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7. Name and Address of New Registered Agent <b>Bengt Hofstad 4231 North Dixie Hwy Ste 1 Oakland Park FL 33334</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <b>Bengt Hofstad, Vice-President/CEO</b>	DATE <b>10/6/06</b>	(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete	TITLE <b>HOFSTAD, BENGT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOFSTAD, BENGT</b>		NAME <b>HOFSTAD, BENGT</b>	
STREET ADDRESS <b>1673 S.E. 19TH AVENUE</b>		STREET ADDRESS <b>1673 S.E. 19TH AVENUE</b>	
CITY-ST-ZIP <b>POMPANO BEACH, FL 33062</b>		CITY-ST-ZIP <b>POMPANO BEACH, FL 33062</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>HOFSTAD, MORTEN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOFSTAD, MORTEN</b>		NAME <b>HOFSTAD, MORTEN</b>	
STREET ADDRESS <b>VESNESBUKTA, PB146, 6399</b>		STREET ADDRESS <b>VESNESBUKTA, PB146, 6399</b>	
CITY-ST-ZIP <b>VESTNES, NORWAY,</b>		CITY-ST-ZIP <b>VESTNES, NORWAY,</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <b>Bengt Hofstad</b>	DATE <b>10/6/06</b> (954) 396-4243