

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000112657

1. Limited Liability Company's Name

ALTMARK, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 1401 Brickell Ave. Suite, Apt. #, etc. 320 City & State MIAMI, FL Zip 33131 Country		3. Mailing Office Address PO Box 1373 Suite, Apt. #, etc. City & State Key Biscayne, FL. Zip 33149 Country	
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4. State/Country of Formation FL / US
5. Date Organized or Qualified To Do Business in Florida 11/22/05
6. FEI Number <input type="checkbox"/> Applied For <input checked="" 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 MARILYN BROOKES			
Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE			
Suite, Apt. #, Etc. 320			
City MIAMI	State FL	Zip Code 33131	

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 [Signature] Date 4/26/07
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	Hans Baumberger	P.O. BOX 1373	Key Biscayne, FL 33149

300702527213
05/15/07--01039--020 **100.00

REINSTATEMENT 06-07

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 [Signature] Date 4/26/07 Daytime Phone # 305 365 3673

Typed or printed name of signing Managing Member/Manager Hans Baumberger