PLEASE READ ALL, INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE	FILED
COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS	07 NOV 20 PM 3: 16
DOCUMENT # L 05000 118900	SECRETARY OF STATE TALLAHASSEE, FL ORIDA
1. Limited Liability Company's Name	
Robin Hudson LLC	
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address	CR2E041 (1/07)
10360 Foxtrail Rd. S. 10360 Foxtrail Rd. S.	4. State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc.	Fl. USA
1605	5. Date Organized or Qualified To Do Business in Florida 12 - 31 - 05
Royal Palm Beach, Fl. Royal Palm Beach, Fl.	6. FEI Number Applied For
Zip Country Zip Country	7. SERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
33411 USA 33411 USA	CERTIFICATE OF STATUS DESIRED of a Certificate of Status
8. Name and Address of Current Registered Agent	
Robin Hudson	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)	receive the prior notices. By checking this
Suite Ant # Ste	box, you are certifying the prior notices were not received and requesting the \$100
City 7 State Zip Code	reinstatement be waived.
Royal Palm Beach FL 33411	
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	Date 11-14-07
REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/ Managers Managing Member/ Mana	
manage Robin Huclson 10360 Foxtrail Rd. 5. 1605 Royal Palm Beach	
	' F1. 33411
	800112352258
	
REINSTATEMENT	
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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 filling 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 11-14-07 Daytime Phone# 810 394 7109	
Typed or printed name of signing Managing Member/Manager Robin Hudson	