

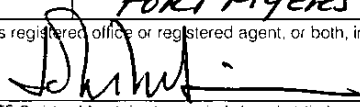



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SEC
DIVISION

07 OCT 23 PM 3:38

DOCUMENT # L06000017459 1. Entity Name ACCUCAST INTERNATIONAL, LLC					
Principal Place of Business 2385 EXECUTIVE CENTER DR. SUITE 100 BOCA RATON, FL 33431 US			Mailing Address 2385 EXECUTIVE CENTER DR. SUITE 100 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box # 17121 TERRAVERDE CIRCLE		3. Mailing Address 17121 TERRAVERDE CIR.			
Suite, Apt. #, etc. #10		Suite, Apt. #, etc. #10			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 20-1409642	
Zip 33908		Zip 33908		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Country USA		Country USA		10162007 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent LISON, JOHN M 17121 TERRAVERDE CIRCLE BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name LISON, JOHN M. Street Address (P.O. Box Number is Not Acceptable) 17121 TERRAVERDE CIRCLE #10 City FORT MYERS FL Zip Code 33908	
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 JOHN M. LISON  10/17/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEHER, JOSEPH A 2385 EXECUTIVE CENTER DRIVE, SUITE 100 BOCA RATON, FL 33431			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SEHER, Joseph A. 17121 TERRAVERDE CIRCLE #10 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	700111189437 10/23/07--01014--013 **\$5.00
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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: Joseph A. Seher  Joseph A. Seher 10/17/07 239-985-2233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					