PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State		SEGRETARY OF STATE DIVISION OF CORPORATIONS!			
DOCUMENT # L06000018727 1. Limited Liability Company's Name						
P5401 LLC				100172643661 03/19/1001031025 **421.25 CR2E041 (11/09)		
2. Principal Office Address - No P.O. Box # 3. Mailing Of						
3948 3RD STREET S. 3948 Suite, Apt. #, etc. Suite, Apt. #, Suite, Apt. #,		TREET S.	4. State/Country of Formation FLOR IDA			
# 351 #351			5. Date Organized or Qualified To Do Business in Florida 2-21-06			
City & State City & State		_				
		E BEACH, FL	6. FEI Number Applied For Not Applicable			
322.50 USA	32250	32250	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status			
8. Name and Address of	Current Registered Ager	nt				
Name JAMES E. YONGE				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.		
Street Address (P.O. Box Number is Not Acceptable)						
3948 3RD STREET S. Suite, Apt. #, Etc. #351						
JACKSONVILLE BEAC	: +1	State Zip Code FL 32250	j			
9. I, being appointed the registered agent of the abo	ve named limited liability co	mpany, am familiar with and a	accept the obligation	ns of Chapter 608, F.S.		
Signature of Registered Agent				Date 3- 17- 10		
REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Men	pers/Managers		Т			
Titles Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Z	<u>Lip</u>	
MGRM VANDA YONGE		3948 3RD STREET S. #351		JACKSONVILLE E	322.50	
REINSTATEMENT	2008-201	0				
11. E-mail Address: Vandayonge @ acl. Com						
(To be used for future annual report notifications) 12. I certify that I am managing member/manager or the receiver of 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 3-17-10 Daytime Phone # 904-241-0413 Typed or printed name of signing Managing Member/Manager VANDA YONGE						