2009 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT										
DOCUMENT # L06000023607						The state of the s				
	US FISH BOWL, LLC				2009 FEB 17 PM 12: 39					
Principal Place of Business Mailing Address					omeograpy of STATE					
905 BRICKE 522		905 BRICKELL BAY DR 522			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
MIAMI, FL 3	3131 US	MIAMI, FL 33131 US					In en im (1880 (1880 (1880 (1			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01232009		CR2E101	·	_	
City & State		City & State			NOT APPLICABLE Not		Applied For Not Applicable			
Zip	Country	Zip	Country		l	5. Certificate of Status Desired See Required \$5.00 Additional Fee Required				
ļ	6. Name and Address of Current		7. Name and Address of New Registered Agent Name							
PINKOVITZ, BARBARA M 20301 W. COUNTRY CLUB DR				Street Address (P.O. Box Number is Not Acceptable)				<u></u>	-	
2122	VA, FL 33180					·		-		
		City		City	FL Zip Code				-	
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 Signature, before to provided rappe of regignated agent and time it applicable. (INDTE: Registered Agent aligneture required when reinstating) DATE										
		100	2.7-92-01	oo Agam - granare requi	TOTAL POLICE A		UNIE		1	
FILE NOWIII FEE IS \$277.50 In accordance with s. (liability company did n				93(2)(b), F.S., the beive the prior no	ne limited Make check payable to stice. Florida Department of State					
9.	MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES				1	
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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.										
						1/20/09	•			
SIGNAT	URE:	GIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRESE	HTATIVE	Date	Daytime	Phone #		
								·		