## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000026908  1. Entity Name								
1. Entity Nam ALL IN 1,			<b>⋌</b>				-	
			The state of the s	`		07 OCT - 1 PM :	3: 42	
Principal Place	e of Busines	ss	Mailing Address			SECRETARY OF STALLAHASSEF. FL	STATE	
339 VIRGINIA STREET HOLLYWOOD, FL 33019			339 VIRGINIA STREET HOLLYWOOD, FL 33019		_	MELMINASEE, FL	ORIDA	
HOLLINOOD	, IL 3301	3	HOLEI WOOD, I'E 3301.	3	0		CON BENE ALON DINC	
2. Princinal Place of Business - No P.O. Box # 5650 STIRLING ROAD		3. Mailing Address 5650 STIRLING ROAD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09272007 REIN-LLC	CR2E10	1 (1/07)	
HOLLYWOOD, FL 33023		HOLLYWOOD, FL 33023		23	4. FEI Number		Applied For	
Zip <b>33023</b>		Country BROWARD	Zip 33023	Countr <b>BROW</b>		5. Certificate of Status Desire		5.00 Additional e Required
	6. Nam	e and Address of Current R	legistered Agent		Namamusta	7. Name and Address of New		ent
CANNIS, J			٨		Name TERMINELLO & TERMINELLO, P.A.			
339 VIRGII HOLLYWO					Street Address (P.O. Box Number is Not Acceptable)			
			4	-		37TH AVENUE		
					City MIA		FL	Zip Code <b>33133</b>
		ity submits this statement for stered agent.	the purpose of changing its r	egistered 7	d office or register	ed agent, or both, in the State of	Florida. I am fan	niliar with, and accep
SIGNATURE .	de	outros	as ally	for	Termine	e Eterminelle PA	7/2-10	<u> </u>
	esgnature, type	d or printed name of registered agent an	id title il applicable. (NOTE:	: Registered	Agent signature requir	ed when reinstating)	DAIE	
		FEE IS \$150.00 18, Fee will be \$200.00					lake check pay rida Departmen	
9.	r	MANAGING MEMBER	S/MANAGERS	10.		ADDITIO	NS/CHANGES	
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