## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Ently Name DECISION ASSIST LLC  DECISION ASSIST LLC  OR JUN 18 PH 3: [ 0  OR JUN 18 PH 3:
Principal Place of Business 314 CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.
WEST PALM BEACH, FL 33401  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O5132008   REIN-LLC   CR2E101 (1/07)
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O5132008   REIN-LLC   CR2E101 (1/07)
City & State  City & State Desired  Street Address of New Registered Agent  The Address of New Registered Agent  The Address of New Registered Agent  City Web Gun Beach  FL Zip Pas 401  Street Address (P.O. St. Nurober is Not Acceptable)  City Web Gun Beach  FL Zip Pas 401  8. The above named entity subpose this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  Signature  FILE NOW!!! FEE IS \$377.50  Make check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  Signature is provided when reinalating)  DATE  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  Signature is provided when reinalating)  DATE  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department of State  FILE NOW!!! FEE IS \$377.50  Make Check payable to Fiorida. Department o
Country   Zip   Country   Stop   Country   Scriptificate of Status Desired   \$5.00 Additional Fee Required   Scriptificate of Status Desired   \$5.00 Additional Fee Required   Scriptificate of Status Desired   Scriptificate of Status Desired Agent   Scriptificate of Status Desired   Scriptificate   Scriptifi
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SQUTH PINE/ISLAND ROAD 7. Street Address (P.O. Sp. Number is Not Acceptable) 7. Name and Address of New Registered Agent 1200 SQUTH PINE/ISLAND ROAD 7. Street Address (P.O. Sp. Number is Not Acceptable) 7. Name and Address of New Registered Agent 1200 SQUTH PINE/ISLAND ROAD 8. The above named entity subplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity subplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity subplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of r
Name    Tames   Kelly
CTORPORATIONSYSTEM 1200 SQUTH PNEALAND FLOAD PLANTATION, FL 33324  Street Address (P.O. Bo Number is Not Acceptable)  City Wet Alm Beach FL Zip 200 4401  8. The above named entity submisstratement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$377.50  Make check payable to Fiorida. Department of State  9. MANAGING MEMBERS /MANAGERS  10. ADDITIONS / CHANGES  1171E MGR REGALBURO, JASON R REGALBURO, JASON
### PLANTATION, FV 33384    City   West   Bull   Beach   FL   Zip 233 401
8. The above named entity subpoles 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
THE NOW!!! FEE IS \$377.50  Signature. NowTe: Registered Agent signature required when reinstating)  Make check payable to Florida. Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE MGR NAME REGALBURO, JASON R  SIREET ADDRESS  CITY-ST-ZIP PALM BEACH, FL 33480  SIREET ADDRESS  SIR
Signature. type of Diring Asian - Highlight agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating)   DATE
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR Delete TITLE NAME REGALBURO, JASON R STREET ADDRESS 160 SEABREEZE AVENUE STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Delete TITLE NAME KELLY, JAMES P NAME KELLY, JAMES P STREET ADDRESS 2201 SOUTH FLAGLER DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP CADGRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CADGRESS CITY-ST-ZIP CITY-ST-ZIP CADGRESS CITY-ST-ZIP CITY-ST-ZIP CADGRESS CITY-ST-ZIP CITY-ST-ZIP CADGRESS C
TITLE         MGR         Delete         TITLE         Change         Addition           NAME         REGALBURO, JASON R         NAME         STREET ADDRESS         BOO12343089         Addition           STREET ADDRESS         PALM BEACH, FL 33480         CITY-ST-ZIP         D5/14/0801049004         ***337.50           INTLE         MGR         Delete         TITLE         Change         Addition           NAME         KELLY, JAMES P         NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CD/0107 903355 047         O47           TITLE         MGR         Delete         TITLE         CD/0107 903355 047         Change         Addition
NAME         REGALBURO, JASON R         NAME           STREET ADDRESS         160 SEABREEZE AVENUE         STREET ADDRESS           CITY-ST-ZIP         PALM BEACH, FL 33480         CITY-ST-ZIP           ITITLE         MGR         Delete           NAME         NAME           STREET ADDRESS         2201 SOUTH FLAGLER DRIVE         STREET ADDRESS           CITY-ST-ZIP         WEST PALM BEACH, FL 33401         CITY-ST-ZIP           TITLE         MGR         Delete         TITLE           MGR         Delete         TITLE
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NAME BOREN, REID NAME STREET ADDRESS 294 CORDOVA ROAD STREET ADDRESS
CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP
ITITLE         Delete         TITLE         Change         Addition           NAME         NAME
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP
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NAME STREET ADDRESS  NAME STREET ADDRESS  O7-08
CITY-ST-ZIP
NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
11. Thereby 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: White Name of Signing Managing Member, Manager, or Authorized Representative Dale Deptime Phone #