PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS.
DOCUMENT # L06000037040 1. Limited Liability Company's Name [American Bollowns, L.L.C	,
Principal Office Address - No P.O. Box # 3. Mailing Office Address	100181202941 05/21/1001038005 **277.50 CR2E041 (11/09)
22927 Braden word Ct 22927 Braden word Ct Suite, Apt. #, etc.	4. State/Country of Formation Florida 115A
City & State City & State	5. Date Organized or Qualified To Do Business in Florida
Land O Lakes, FL Land & Lakes, FL Zip Country 34639 USA 34639 USA	6. FEI Number Applied For Not Applicable
39634 USA 139634 USA	CERTIFICATE OF STATUS DESIRED () for a Certificate of Status
8. Name and Address of Current Registered Agent Name Comparison Comparison	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.
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date Date	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Managers	<u> </u>
Man Jessica Warren Land O Lakes	s, Fe land D Lakes, 34639
Han. Tommy H Wyrren Same as above	Land Olakes, Figure39
REINSTATEMENT 2008 - 2010	100181202941 06/15/1001001007 **138.75
11. E-mail Address: + Kywarren @ aol.com (To be used for future annual report notifications)	
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408. 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 Date Date Date Date Daytime Phone # 813-243-9507	



RECEIVED

09 JUN 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 26, 2010

AMERICAN BALLOONS, L.L.C. 22927 BRADENWOOD CT LAND O LAKES, FL 34639

SUBJECT: AMERICAN BALLOONS, L.L.C.

Ref. Number: L06000037040

We have received your document for AMERICAN BALLOONS, L.L.C. and check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 110A00013288