

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 OCT 30 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/02/09--01049--004 **\$16.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000038631

1. Limited Liability Company's Name

PHRII, LLC

2. Principal Office Address - No P.O. Box #
903 E 104th St.

3. Mailing Office Address
903 E. 104th St.

Suite, Apt. #, etc.
Suite 630

Suite, Apt. #, etc.
Suite 630

City & State
Kansas City, MO

City & State
Kansas City, MO

Zip Country
64131 US

Zip Country
64131 US

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida April 11, 2006

6. FEI Number 20-4645499 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

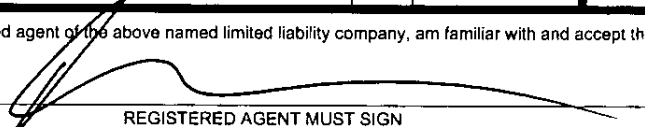
Name
Northwest Registered Agent, LLC.
Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive
Suite, Apt. #, Etc.
STE A
City
Tallahassee

State Zip Code
FL 32301

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 10-20-2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

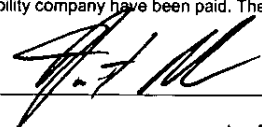
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Spectrum Management, LLC	903 E. 104th St., Suite 630	Kansas City, MO 64131

REINSTATEMENT 07-09

OK 11-2-09

11. 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 608.406, 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 10-23-09 Daytime Phone # 816-268-1300

Typed or printed name of signing Managing Member/Manager Amit Raizada, Authorized Member of Spectrum Management, LLC