	PLEASE READ	ALL INSTRU	CHONS	S BEFORE		MPLEII	NG THIS FU	KM.		
LIMITED LIABILITY COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  09 FEB - 3 PM 1: 48				
DOCUMENT # L 060000 44060							09FEB -3	FM 1.40	0	
STEA LLC.						500142273885 01/28/0901022001 **421.25 cr2E041 (10/08)				
2. Principal Office Address - No P.O. Box # 3. Mailing C					L		CRZEONI	(10/00)		
6406 103EL STREET		6406 103 P. STREET.			[^	4. State/Country of Formation  FLORIDA U.S.A.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	E Date Omenzed or Qualified					
City & State City &		City & State	State		`	To Do Business in Florida 4/27/200 6				
THEKSONUILLE FL		TACKSONVILLE FL		E EL		B. FEI Numbe			Applied For	
Zip 32210	Country	Zip	Coun	Country U.S.A		7	783065		Not Applicable	
732210	U.S.A	32210	u	· S . A	'	CERTIFICATE	OF STATUS DESIRED		inal Fee required loate of Status	
	8. Name and Address of	Current Registered	Agent			_				
Name Ets BOOKREEPING AND TAY SERVICES US						A \$100 reinstatement fee is imposed, except				
Street Address (P.O. Box Number is Not Acceptable)						· ·				
1193 BEDROCK DR.						receive the prior notices. By checking this box, you are certifying the prior notices were				
Suite, Apt. #, Etc.						not received and requesting the \$100				
City OF PARIC State Zip Code FI 22085						reinstatement be waived.				
OZANGE	VARIC		FL	320 <b>65</b>						
9. 1, being appointed the	registered agent of the abo	p named limited liab	lity company,	am familiar with	and acc	ept the obligati	ions of Chapter 608, F	F.S.		
Signature of Registered Agent							Date/	6/09		
ragistered Agent	R	GISTERED AGENT	MUST SIGN				Date	<del></del>		
10. Names and Street	Addresses of Managing Men	nbers/Managers								
Titles Name of Managing Members/Managers		1	Street Address of Each Managing Member/Mana			ger City/S		ity / State / Zip	Xate / Zip	
MGRM So	KUN UNG	5 ±	24NGE	PARK	D C FL	3206	e. OPLAN	gé PARIL	E F2 3206	
	HALL VICTURE TANK TALL	2007	2009							
REINS	STATEMENT	20011-	7001							
1   1										
filing this reinstateme all fees owed by the	naging member/manager or ant application the reason for limited liability company have	dissolution has been	etiminated, the	e timited tiability o	company	name satisfies	the requirements of	section 608.406, F	.S., and that	
as if made under oath.  Signature of Managing Member/Manager Daytime Phone # 904 307 346										
Typed or printed name of signing Managing Member/Manager										