PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT		FILED
DOCUMENT # LOGOROOO47922 1. Limited Liability Company's Name VPLLAGESDR, LLC		- 10 MAR -2 PH 4: 16 SECRETARY OF STATE ALLAHASSEE. FLORIDA
2. Principal Office Address - No P.O. Box # 20900 N.E. 30th AVE Suite, Apt. #, etc. 200 City & State AVENTURA, FL Zip Country	3. Mailing Office Address 20900 N.E. Both. ANE Suite, Apt. #, etc. 200 City & State AVENTRA FL Zip Country	FLORIDA / USA       5. Date Organized or Qualified To Do Business in Florida       6.—FEL Number       Applied For       NONE       7.
33180 USA 8. Name and Address o Name JOEL BARY Street Address (P.O. Box Number is Not Acceptable 20900 N.F. 30 (G). Suite. Apt. #, Etc. 200 City	33/80     USA       f Current Registered Agent       AVE_       State     Zip Code       FL     33/80	CERTIFICATE OF STATUS DESIRED
<ul> <li>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.</li> <li>Signature of Registered Agent</li></ul>		
Titles Managing Members/ Manag	Street Address of Ea	
MGRM BRENETTE INVESTMER MGRM DAND FOULS MGRM JOEL BLORY	20900 NE Both	AVESZO AVENNO PL 33150 , NESZO AVENNO PL 33150
REINSTATE	EMENT07-10	02/16.10 - 01053 - 013 **516.25 $03999159140610$ $**38.75$
11. E-mail Address:       Occounting & latin medios.com         11. E-mail Address:       Counting & latin medios.com         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, 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       Date Fob/2240/2010         Managing Member/Manager       Date Fob/2240/2010         Date Fob/2240/2010       Date Box Fob		



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2010

VILLAGESDR, LLC 20900 NE 30TH AVE #200 AVENTURA, FL 33180

SUBJECT: VILLAGESDR, LLC Ref. Number: L06000047922

We have received your document for VILLAGESDR, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$555.00.

The total amount due to reinstate without penalty is \$555.00.

There is a balance due of \$38.75.

Please return your document, along with 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 310A00003919

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