


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">           FILED            DEC 16 AM 11:10            TALLAHASSEE, FLORIDA            SECRETARY OF STATE         </div>	
<b>DOCUMENT # L06000067139</b>					
<b>1. Limited Liability Company's Name</b> <div style="border: 1px solid black; padding: 5px; min-height: 40px;">           Hermits Group LLC         </div>					
<b>2. Principal Office Address - No P.O. Box #</b> NO.49, JALAN REBAB 15 Suite, Apt. #, etc. TAMAN DESA TEBRAU City & State JOHOR BAHRU, JOHOR Zip 81100		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country MALAYSIA		<b>4. State/Country of Formation</b> <b>5. Date Organized or Qualified To Do Business in Florida</b> <b>6. FEI Number</b> 98-0503955	
				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> Name ACTIVEFILINGS LLC Street Address (P.O. Box Number is Not Acceptable) 10651 NE 11 Ct Suite, Apt. #, Etc. City MIAMI SHORES State FL Zip Code 33138					
<b>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.</b> Signature of Registered Agent _____ Date <b>12/23/08</b>					
REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	Richard Johnny Leong	see attached	see attached		
MGRM	Kok Soin Ng	see attached	see attached		
MGRM	Ah Bah Seet	see attached	see attached		
<div style="position: relative;"> <span style="position: absolute; top: -20px; left: 0; font-size: 2em; font-weight: bold;">REINSTATEMENT</span> <span style="position: absolute; top: 0; right: 0; font-size: 1.5em;">0108</span> </div>					
<b>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.</b> Signature of Managing Member/Manager _____ Date <b>11/20/2008</b> Daytime Phone # <b>65 8157 5109</b> Typed or printed name of signing Managing Member/Manager <b>Richard Johnny Leong</b>					

**ATTACHMENT TO FORM CR2E041 (10/08)**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

DOCUMENT NUMBER: **L06000067139**

COMPANY NAME: **HERMITS GROUP LLC**

Names and Street Addresses of Managing Members/Managers

Title MGRM

**RICHARD JOHNNY LEONG**

BLK 535, BEDOK NORTH STREET 3 #05-924  
SINGAPORE, SINGAPORE -- 46053-5 SG

Title MGRM

**KOK SOIN NG**

NO.49, JALAN REBAB 15, TAMAN DESA TEBRAU  
JOHOR BAHRU,, JOHOR -- 81100 MY

Title MGRM

**AH BAH SEET**

BLK 682, RACE COURSE ROAD, #12-329  
SINGAPORE, SINGAPORE -- 21068-2 SG

**FILED**  
**08 DEC 16 AM 11:10**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA