PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT LIMITED LIABILITY Secretary of State DIVISION OF CORPORATIONS							2000 NOV 2 SECRETAR TALLAHASS		
DOCUMENT # L06000077643 1. Limited Liability Company's Name SARATOGA DRIVE LLC							400138E30234		
							11/20/08010 [[4- -01 3] **277.50 CR2E041 (10/08)		
•				ailing Office Address RAVENSWOOD ROAD				4. State/Country of Formation	
Suite, Apt. #, etc. Suite, A 308 308				. #, etc.				FL 5. Date Organized or Qualified	
City & State City & FORT LAUDERDALE, FL FOR				ate LAUDERDALE, FL				To Do Business in Florida 8/7/06 6. FEI Number Applied For	
Zip		Country	Zip			ntry		20-5340302 Not Applicable	
33312		USA	33312		USA	4		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
Name JACK BRIGUGLIO Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD ROAD Suite, Apt. #, Etc.								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.	
City FORT LAUDERDALE					State Zip Code FL 33312				
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 10/30/08 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/Mana					
MGR	JACK BRIGUGLIO			4101 RAVENSWOOD RD,#3			RD,#	#308 FT LAUDERDALE, FL 33312	
MGR	PETER	4101 RAVENSWOOD RD,#308			RD,#	#308 FT LAUDERDALE, FL 33312			
s	JAMES CALABRESE			4101 RAVENSWOOD RD,#308			RD,#	#308 FT LAUDERDALE, FL 33312	
Т	RONNIE	4101 RAVENSWOOD RD,#308			₹D,#	#308 FT LAUDERDALE, FL 33312			
REINSTATEMENT 2007, 2008									
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 X Date 10/30/08 Daytime Phone # 704-737 - 0574									
Typed or printed name of signing Managing Member/Manager JACK BRIGUGLIO									