PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAE COMPAN NSTATEN	Y)	DEPAF Secreta	ry of S			OS APR	
DOCUMENT # L06000080903 1. Limited Liability Company's Name M-A-J-E NETWORK ING, LLC						: :	OS APR 3 MIO: 57		
2. Principa	3. Mailing C	3. Mailing Office Address				CR2E041 (1/07)			
3091 Ft. Socrum Village Blvd Suite, Apt. #, etc.			Same as principle			ле Л	Florida	untry of Formation	
	-	Y \ \			-1/	5. Date Organized or Qualified To Do Business in Florida 08/16/06			
Lakeland, Fl.			City & State			1	6. FEI Number Applied For / Not Applicable		
33810 Country USA			Zip Country			itry	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent							,		
Maurice Wong					\bigcap			\$100 reinstatement fee is imposed, except	
Street Address (P.O. Box Number is Not Acceptable) 3091 Ft. Socrum Village Blvd							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		
Suite, Apt. #, Etc.									
Lake	land,			State FL 33810			reinstatement be waived.		
9. I, being appointed the registered arent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.									
Signature of Registered Agent Date 3-/5-08									
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/Manag			City / State / Zip	
MGRM	Maurice Wong				3091 Ft. Socrum Village Blvd Lakeland, Fl. 33810				
								200122094152	
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REINSTATEME						NT Z	007-2001		
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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 filling 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 3 15-08 Daytime Phone # 863 -934 - 17-48									
Typed or printed name of signing Managing Member/Manager Maurice Wong									