2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					•	F4 8	
	MENT #·L060000866						
1. Entity Nam GO3E, LL					三		
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				<u> </u>		第二 章	
l '	e of Business	Mailing Address					
460 N. ORLA Suite 110	INDO AVENUE	13700 YORK ROAD Unit a				157	
			ORTH ROYALTON, OH 44133 US			종설 등	
2 Principal P	Neer of Discourse, No D.O. Boy #	a sautte Address					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Columbia 100 Pky.			i i i i i a d ilih a d ilih a b ah		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>	11212008	REIN-LLC	CR2E101 (1/07)	
Chr. P. State		Suite 400			· · · · · · · · · · · · · · · · · · ·		
City & State		Columbia, MD		4. FEI Numb		Applied Fo	-
Zip	Country	Zip C	Country		of Status Desired	\$5.00 Additional	,a
		21045	<u>usa</u>			Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
ROSSI, JO				CO Day Novel			
460 N. OR SUITE 110	LANDO AVENUE	Street Address (P.C		Iress (P.O. Box Numb	er is Not Acceptable	e) 	
	PARK, FL 32789						
			City			FL Zip Code	
R The above	named entity submits this statement for	the nurnose of changing its regis	istered office or re	enistered agent or br	oth in the State of Flo	<u>·</u>	cent
	tions of registered agent.	the harpose or changing its regi-	Stered Office Of 16	gistered agent, or or	Alls, in the State Or i is	MUC. I dili idifiliai wilii, acu acc	сері
SIGNATURE	Del Illon					·	_
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gistered Agent signatur	re required when reinstating)	DATE	
FILI	E NOW!!! FEE IS \$238.75				Mak	e check payable to	
	eary 1, 2009, Fee will be \$377.50					a Department of State	
		L .					
9.	MANAGING MEMBER	RS/MANAGERS	10. 7	LA FNA	ADDITIONS/	CHANGES	
9.	MANAGING MEMBER			ngrm 1ember	ADDITIONS)		Idition
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