FROM :LAZARUS FAX NO. :3052201440 Nov. 07 2007 06:03PM P1

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 NOV 13 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900112459429
11/20/07--01031--009 **50.00

11072007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000091907

1. Entity Name
V. K. A. DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
273 SOUTH STREET, RD. 7 SUITE 233 MARGATE, FL 33068	273 SOUTH STREET, RD. 7 SUITE 233 MARGATE, FL 33068

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1935 N. Laura St.	1935 N. Laura St.
Suite, Apt. #, etc.: Ste. 4	Suite, Apt. #, etc.: Ste. 4
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32206 Country: US	Zip: 32206 Country: US

4. FEI Number 20-0384200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG BLACK ENTERPRISES, LLC
273 SOUTH STREET, RD. 7
SUITE 233
MARGATE, FL 33068

7. Name and Address of New Registered Agent

Name: Duke Brown
Street Address (P.O. Box Number is Not Acceptable): 1935 N. Laura
City: Jacksonville FL Zip Code: 32206

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Duke Brown DATE: 11/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2008, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make Check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM YOUNG BLACK ENTERPRISES, LLC. 273 SOUTH STREET, RD. 7, SUITE 233 MARGATE, FL 33068	☑	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DARE II DREAM ENTERPRISES, INC. 2784 BOTTICELLI DRIVE HENDERSON, NV 89502	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐	☐

REINSTATEMENT 07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 11/7/07 347-219-2431
Signature and typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone #