PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 NOV 13 PM 4: 07
DOCUMENT # L 060000 93837 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Paalco LC		500162842536 11/16/0901006020 **277.50 CR2E041 (11/09)
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	
3301 S. Dale mabry	3301 S. Dale mabry	State/Country of Formation
	<u> </u>	FL. USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 9-25-06
TAMPA FL	TAMPA Fl.	6. FEI Number Applied For
Zip Country	Zip Country	3715292(9 Not Applicable
33629 Country 33629 Hillsborough	33629 Hills.	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of	Current Registered Agent	
Name 0 1 ~ C a c a		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not
8021 Cosme Rd		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
City State Zip Code		reinstatement be waived.
O Dessa	FL 33554	
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		Data 11.12-09
Registered Agent Date Date		
10. Names and Street Addresses of Managing Men	bers/Managers	
Titles Name of Managing Members/ Manage	Street Address of Each	
mar Al n. Sur	irez 8021 Cosme	Rd ODESSa Fl. 33556
REINSTATENTE 08,09		
	**	
11. E-mail Address: ALN SVACZ & HOTMAIL. COM		
(To be used for future amuel report notifications) 12. 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 (1-(2-05 Daytime Phone # 813 966.8374		
Typed or printed name of signing Managing Member/Manager AL N. SUAFEZ		