


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 DEC -2 PM 2: 18

<b>DOCUMENT # L06000094984</b> 1. Entity Name <b>PAKA ENTERPRISES, LLC.</b>	
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Principal Place of Business <b>4101 CORAL TREE CIRCLE #313 COCONUT CREEK, FL 33073</b>	Mailing Address <b>4101 CORAL TREE CIRCLE #313 COCONUT CREEK, FL 33073</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11182008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>20-5814271</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>SACCO, MICHAEL A 4101 CORAL TREE CIRCLE #313 COCONUT CREEK, FL 33073</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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: *[Signature]* DATE: 11/18/08

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2009, Fee will be \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>THOMAS, PATRICIA A</b> <b>108-02 DITMARS BLVD</b> <b>EAST ELMHURST, NY 11369</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>500138348875</b> <b>12/01/08--01077--024 **238.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 606, Florida Statutes.

SIGNATURE: *Patricia A. Thomas* DATE: 11/23/08 Daytime Phone # 718-898-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE