## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2008 APR 23 PM 1: 12	
DOCUMENT # LO60000 996 89  1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE.FLORIDA	
ELRAE INVESTMENTS, LLC		600125025006 04/22/0801009028 **138.75	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (12/07)	
104 Church Street	104 Church Street	4. State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida  5. Date Organized or Qualified	
City & State	City & State	To Do Business in Florida 10/12/2004	
Kissimmee, FL	Kissimmee, FL	6. FEI Number Applied For Not Applicable	
34741 USA	Zip 34741 Country USA	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Brian M. Mark		A \$100 reinstatement fee is imposed, except	
Street Address (P.Q. Box Number is Not Acceptable)		In circumstances which the entity did not receive the prior notices. By checking this	
104 Church Street Suite, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100	
City State Zip Code		reinstatement be waived.	
Kissimmee   State   Zip Code   FL   34741			
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 Registered Agent  REGISTERED AGENT MUST SIGN			
RE	GISTERED AGENT MUST SIGN	1	
10. Names and Street Addresses of Managing Mem		1	
	nbers/Managers Street Address of Each Managing Member/Mana	iger City / State / Zip	
10. Names and Street Addresses of Managing Mem	Street Address of Each Managing Member/Mana	les Court	
10. Names and Street Addresses of Managing Mem Titles Name of Managing Members/Manage	Street Address of Each Managing Member/Mana  2971 Summer Is Kissimmle, FL 30	les Court 4746	
10. Names and Street Addresses of Managing Mem Titles Name of Managing Members/Manage MGRM David Philip Wil MGRM Paula Williams	Street Address of Each Managing Member/Mana  2971 Summer Is Kissimmee, FL 36	les Court 4746	
10. Names and Street Addresses of Managing Mem Titles Name of Managing Members/ Manage  MGRN David Philip Will	Street Address of Each Managing Member/Mana  2971 Summer Is Kissimmee, FL 36	les Court Kissimmee, FL 34746  EDD125025006	
10. Names and Street Addresses of Managing Mem Titles Name of Managing Members/Manage MGRM David Philip Wil MGRM Paula Williams	Street Address of Each Managing Member/Mana  2971 Summer Is Kissimmee, FL 30  2971 Summer Isl	les Court Kissimmee, FL 34746  EDD125025006	
10. Names and Street Addresses of Managing Mem  Titles  Name of Managing Members/Manage  MGRM David Philip Wil  MGRM Paula Williams  11. Lertify that Lam managing member/manager or fling this reinstatement application the reason for	Street Address of Each Managing Member/Mana 2971 Summer Is Kissimmee, FL 30 2971 Summer Island REINS  The receiver or trustee empowered to execute this application has been eliminated, the limited liability comparison.	City/State/Zip  les Court  4746  600125025006  04/22/0801009029 **138.75	
10. Names and Street Addresses of Managing Mem  Titles Name of Managing Members/Manage  MGRM David Ghilip Wil  MGRM Paula Williams  11. I certify that I am managing member/manager or filing this reinstatement application the reason for all fees owed by the limited liability company have	Street Address of Each Managing Member/Mana 2971 Summer Is Kissimmee, FL 30 2971 Summer Island REINS  The receiver or trustee empowered to execute this application that been paid. The information indicated on this application of the second summer is application to the second summer	les Court Kissimmee, FL 34746  ECourt Kissimmee, FL 34746  600125025006  04/22/0801009029 **138.75  TATEMENT 2007-08  lication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that	