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Division of Corporations  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

To: **BRENDA TADLOCK**  
Division of Corporations  
Fax Number : (850) 617-6383

From: **GAIL S ANDRE**  
Account Name : LOWENBS, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LIMITED LIABILITY REINSTATEMENT  
MB INVESTMENTS, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
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|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # 106000109024**

1. Limited Liability Company's Name

**MB INVESTMENTS, LLC**

CR2E041 (11/00)

|                                                                                                                                                                                                   |                      |                                                                                                                                                                                 |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 2. Principal Office Address - No P.O. Box #<br><b>700 SOUTH FLOWER STREET</b><br>Suite, Apt. #, etc.<br><b>SUITE 400</b><br>City & State<br><b>LOS ANGELES, CALIFORNIA</b><br>Zip<br><b>90017</b> |                      | 3. Mailing Office Address<br><b>700 SOUTH FLOWER STREET</b><br>Suite, Apt. #, etc.<br><b>SUITE 400</b><br>City & State<br><b>LOS ANGELES, CALIFORNIA</b><br>Zip<br><b>90017</b> |                      |
| Country<br><b>US</b>                                                                                                                                                                              | Country<br><b>US</b> | Country<br><b>US</b>                                                                                                                                                            | Country<br><b>US</b> |

|                                                                               |                                                        |
|-------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. State/Country of Formation                                                 |                                                        |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>11/09/2006</b> |                                                        |
| 6. FEI Number<br><b>20-8610960</b>                                            | Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                     |                                                        |

|                                                                                          |                    |                          |  |
|------------------------------------------------------------------------------------------|--------------------|--------------------------|--|
| 8. Name and Address of Current Registered Agent                                          |                    |                          |  |
| Name<br><b>CHARLES CIANNETTO</b>                                                         |                    |                          |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>6815 CONROY WINDERMERE ROAD</b> |                    |                          |  |
| Suite, Apt. #, Etc.                                                                      |                    |                          |  |
| City<br><b>ORLANDO</b>                                                                   | State<br><b>FL</b> | Zip Code<br><b>32835</b> |  |

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

**CHARLES CIANNETTO**

REGISTERED AGENT MUST SIGN

Date

10. Name and Street Address of Managing Member/Managers

| Title | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager | City / State / Zip            |
|-------|----------------------------------|------------------------------------------------|-------------------------------|
| MEM   | <b>YONG CHU</b>                  | <b>700 SOUTH FLOWER STREET</b>                 | <b>LOS ANGELES, CA 90017</b>  |
| MEM   | <b>YONG CHU</b>                  | <b>3567 CONROY ROAD, #1222</b>                 | <b>ORLANDO, FLORIDA 32839</b> |
|       |                                  |                                                |                               |
|       |                                  |                                                |                               |
|       |                                  |                                                |                               |

**REINSTATEMENT**
**2008-2009**  
**11/17**

|                                                                                                                             |                         |                                     |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|
| Signature of Managing Member/Manager<br> | Date<br><b>12/30/09</b> | Phone Number<br><b>242-520-4481</b> |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|

*Attachment*

2009-12-29 18:04

GIANNETTO

4072982561&gt;&gt;

P V1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

| <b>LIMITED LIABILITY COMPANY RENEWAL STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                      |                          | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|---------|-------|---------|------|-------|-----|------------|-------------------------|-------------|----|-------|----------|--------------------------|---------|---------|-------|
| <b>DOCUMENT #</b> L06000109034<br>1. Company Name<br><b>ME INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                     |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 2. Principal Office Address (Not P.O. Box)<br><b>700 SOUTH FLOWER STREET</b><br><b>LOS ANGELES, CALIFORNIA 90017</b>                                                                                                                                                                                                                                                                                                                    |                          | 3. Mailing Office Address<br><b>700 SOUTH FLOWER STREET</b><br><b>LOS ANGELES, CALIFORNIA 90017</b> |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 4. State of Incorporation<br><b>CA</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                          | 5. Date of Incorporation<br><b>11/09/2006</b>                                                       |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 6. Date of Renewal<br><b>12/30/2009</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 7. Renewal Fee<br><b>\$100</b>                                                                      |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 8. Name and Address of Current Registered Agent<br><b>CHARLES GIANNETTO</b><br><b>8415 CORROTT WINDMILL ROAD</b><br><b>ORLANDO, FL 32835</b>                                                                                                                                                                                                                                                                                            |                          |                                                                                                     |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 9. I, the undersigned, being the authorized agent of the above named limited liability company, do hereby declare that all the information herein is true and correct.                                                                                                                                                                                                                                                                  |                          |                                                                                                     |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| Signature of Registered Agent<br><i>Charles Giannetto</i><br><b>CHARLES GIANNETTO</b>                                                                                                                                                                                                                                                                                                                                                   |                          | Date<br><b>Dec 30, 2009</b>                                                                         |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 10. Name and Address of Managing Member or Manager<br><table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>CHEN, JING</td> <td>700 SOUTH FLOWER STREET</td> <td>LOS ANGELES</td> <td>CA</td> <td>90017</td> </tr> <tr> <td>YONG CHU</td> <td>3567 CORROTT ROAD, #1722</td> <td>ORLANDO</td> <td>FLORIDA</td> <td>32834</td> </tr> </tbody> </table> |                          |                                                                                                     |         | Name  | Address | City | State | Zip | CHEN, JING | 700 SOUTH FLOWER STREET | LOS ANGELES | CA | 90017 | YONG CHU | 3567 CORROTT ROAD, #1722 | ORLANDO | FLORIDA | 32834 |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address                  | City                                                                                                | State   | Zip   |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| CHEN, JING                                                                                                                                                                                                                                                                                                                                                                                                                              | 700 SOUTH FLOWER STREET  | LOS ANGELES                                                                                         | CA      | 90017 |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| YONG CHU                                                                                                                                                                                                                                                                                                                                                                                                                                | 3567 CORROTT ROAD, #1722 | ORLANDO                                                                                             | FLORIDA | 32834 |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |
| 11. I, the undersigned, being the authorized agent of the above named limited liability company, do hereby declare that all the information herein is true and correct.                                                                                                                                                                                                                                                                 |                          |                                                                                                     |         |       |         |      |       |     |            |                         |             |    |       |          |                          |         |         |       |

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