


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 FEB -6 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000116870</b> 1. Entity Name <b>PLYMEL HOLDINGS LLC</b>	
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Principal Place of Business <b>2880 AURORA ROAD MELBOURNE, FL 32935</b>	Mailing Address <b>2880 AURORA ROAD MELBOURNE, FL 32935</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  Zip	City & State  Zip	4. FEI Number <b>20-8003462</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>BIRAN C. HERNDON, PA 8418 S US HWY 1 LAKES PLAZA PORT ST. LUCIE, FL 34952</b>	7. Name and Address of New Registered Agent Name <b>Biran Herndon</b> Street Address (P.O. Box Number is Not Acceptable) <b>1971 SE Port St Lucie Blvd</b> City <b>Port St Lucie</b> FL Zip Code <b>34952</b>
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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 *Biran Herndon* DATE 1/28/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	600116583376	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLYMEL MANAGEMENT CORPORATION		NAME		
STREET ADDRESS	2880 AURORA ROAD		STREET ADDRESS	01/31/08--01038--003 **277.50	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Donald L. Plymel* **DONALD L. PLYMEL** 1-28-08 321-242-0333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #