PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAE OMPAN STATEN	Y		5	DEPAR Secretary SION OF C	y of S			LED -4 PH 3: 15	
DOCUMENT # L07000019271 1. Limited Liability Company's Name The Garrick Group LLC.								SECRETARY OF STATE FALLAHASSEE. FLORIDA		
					Office Address N. OAKLAND FOREST Dr.			CR2E041 (10/08) 4. State/Country of Formation		
204 204					·			Florida, Broward 5. Date Organized or Qualified To Do Business in Florida 02-20-07		
OAKLAND PARK, Florida C				City & State OAKLAND PARK, Zip		Flor		6. FEI Number 20-84*	20-8471209 Not Applica	
333 <i>0</i> 9	3309-6434 United States			33309-6434		Und	ted States	CERTIFICATE	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requirements for a Certificate of State	
Name Len C. Garrick Street Address (P.O. Box Number is Not Acceptable) 2803 N. OAKLAND Porest Drive Suite, Apt. #, Etc. 204 (Suite)								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.		
City A	Park			State Zip Code 600163195136				315 *400,00		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 11-20-09		
10. Name	s and Street	Addresses	s of Managing Meml	oers/Managers						
Titles	Name of Managing Members/Managers				Street Address of Each Managing Member/Managing			ger	City / State / 2	Zìp
MGRM	Len C. Garrick				2803 N. OAKLAND FOR			#204 Test Dr. OAKLAND PARK, FI 33309 #204		
MGR	Jaime A. Valloueng				2803 N. CAKLAND Forest				OAKLAND PARK, FI	333 <i>0</i> 9
MGR	Vincent S. Kenyon				149-60 235 STREET			ROSEDALE QUEENS, NY 11442		
MGR	Gino Taria				2505 51 ST Av, Terrace			West Bradenton, F1 34207		
MGR	Robert Ponce				271 WEST 146TH STREET		ET #17	NEW YORK, NY 10	039	
REINSTATEMENT 08-09 PB										
11. 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 filing 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 11-20-09 Daytime Phone # 954-865-2003					
Typed or printed name of signing Managing Member/Manager Len.C. Garrick										