## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT									
DOCUN 1. Entity Name LADY AM		773							
Principal Place of Business		Mailina Address							
9808 NW 80th AVE. Suite 10-F		9808 NW 80th AVE: Suite 10-F		<u>:</u>					
Hialeah Gardens, FI 33016		Hialeah Gardens, FI 33016			8831 38811 88111 88111 881		 		
2. Principal Place of Business - No P C. Box #		3. Mailing Address							
Suite, Apt #, etc,		Suite, Apt. #, etc.		10302008	REIN-LLC	CR2E	101 (1/07)		
City & State		City & State		4. FEI Numbe	er .			plied For Applicable	
Zıp	Country	Zip Counti		у	5. Certificate	of Status Desired		\$5.00 Addi Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent					
PRAHL, JOHN T				Name		,			
12376 S.W. 82 AVE. PINECREST, FL 33156		Stree		Street Address	(P.O. Box Numb	er is Not Acceptable	e)		
			-	City				71-0-4	
					FL Zip Code				
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE									
	E NOW!!! FEE IS \$138.75 ary 1, 2009, Fee will be \$277.50	In accordance with s. 607,193(2)(b), F.S., the liability company did not receive the prior no					ke check p a Departm	ayable to∋ ent of State	• • •
9.	MANAGING MEMBER		10.	· ·		ADDITIONS	/CHANGES		
TITLE NAME	MGR Milgam Adela	☐ Delete	TITLE		OC	/8 <u>1</u> 337	993	☐ Change	Addition
STREET ADDRESS	9808 NW 80th AVE. Suite 10-F			ADDRESS	12722/	/03==-01037-	003	**I38.	75
CITY-ST-ZIP	Hialeah Gardens, FI 33016		CITY-S	ST-ZIP					- Lawren
TITLE NAME		☐ Delete	NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	r ADDRESS Rit-ZIP	EINS	TATE	ME	NT	
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				1/1008	<u> </u>
CITY-ST-ZIP			CITY-S					000	
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET	I ADDRESS					
CITY-ST-ZIP			CITY-S		1 9	ELLEF	36		
TITLE		☐ Delete	TITLE		<b>L</b> . C		10	☐ Change	Addition
NAME STREET ADDRESS			NAME *	r Faddress	DF	C <b>2 4</b> 2008			
CITY-ST-ZIP			City-S		50				
TITLE		☐ Delete	TITLE		FY	MINE	-R	Change	Addition
name Street address			NAME STREET	T ADDRESS	<b>L/\/</b>	JIVIII AL	I I		
CITY-ST-ZIP			CITY-S						
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.									