

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000082440

1. Limited Liability Company's Name

1841 FORT PIERCE, LLC

|   |                   |   |                   |
|---|-------------------|---|-------------------|
| 2. Principal Office Address - No P.O. Box #<br>7156 SANTA MONICA<br>State, Apt. #, etc. |                   | 3. Mailing Office Address<br>7156 SANTA MONICA<br>State, Apt. #, etc. |                   |
| City & State<br>WEST HOLLYWOOD, CA  |                   | City & State<br>WEST HOLLYWOOD, CA                                    |                   |
| Zip<br>90046  | Country<br>U.S.A. | Zip<br>90046  | Country<br>U.S.A. |

|  |   |
|--|---|
| 4. State/Country of Formation<br>FLORIDA                               |   |
| 5. Date Organized or Qualified To Do Business in Florida<br>08/10/2007 |   |
| 6. FEI Number<br>26-0786405  | 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  
PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)  
236 EAST 6TH AVENUE

State, Apt. # Etc.

City  
TALLAHASSEE

State  
FL

Zip Code  
32303

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 *[Signature]* NINH HO, ASST SECRETARY Date 08/04/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager | City/State/Zip           |
|-------|----------------------------------|--|--------------------------|
| MM    | VINCENT JUNG                     | 7156 SANTA MONICA BLVD.                        | West Hollywood, CA 90046 |
|       |                                  |  |                          |
|       |                                  |  |                          |
|       |                                  |  |                          |

11. E-mail Address  
FORMOSALIFE@AOL.COM  
(To be used for future annual report notifications)

12. 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 *[Signature]* Date 08/04/2010 Daytime Phone # 323-363-1081

Typed or printed name of signing Managing Member/Manager VINCENT JUNG

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REINSTATEMENT 2008-10 JCH