PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 09 0CT - 5 PM 1: 40			
DOCUMENT # L07000127050 1. Limited Liability Company's Name MIGNON EMENIKE, LLC									SECRETARY OF SMALE TALLAHASSEE, FLORIDA			
										CR2E041 (10/08)		
2. Principal Office Address - No P.O. Box # 3. 1965 CAPITAL CIRLCE NE STE 102					Mailing Office Address				4. State/Cour	try of Formation		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					FLORIDA/USA 5. Date Organized or Qualified To Do Business in Florida			
City & State TALLAHASSEE, FL				City & State					6. FEI Number 26-162690			
Zip 32308	Country USA		Zip		Coun	Country		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent												
Name MIGNON EMENIKE Street Address (P.O. Box Number is Not Acceptable) 1965 CAPITAL CIRLCE NE STE 102									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			
Suite, Apt. #, Etc. TALLAHASSEE, FL 32308								-	not received and requesting the \$100 reinstatement be waived.			
City						State Zip Code						
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 REGISTERED AGENT MUST SIGN									Date			
10. Names and Street Addresses of Managing Members/Managers												
Titles	Name of Managing Members/ Managers				Street Address of Each Managing Member/Mana				er	City / State / 2	Zip :	
/ _P	MIGNON EMENIKE				1965 CAPITAL CIRCLE NE			٧E	STE 102 TALLAHASSEE, FL 32308		2308	
										001613328	75	
						10/00				00161332875 /0901024009 **227.50		
5001613328									75			
REINSTATEMENT 2008-09 10/05/03-01020-026 **55.00												
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 filling 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 path.												
Stangature of Managing Member/Manager M24444 No. 10/5/09 Daytime Phone #												