PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

a man	ALL INSTRUCTIONS BEFORE	7
LIMITED LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE Secretary of State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	69 OCT 14 AM 11: 58
DOCUMENT # 1080000 812 72 1. Limited Liability Company's Name		SEGRETARY OF STALE FALLAHASSEE, FLORIDA
To annition Enabling Company S value		
		600161707756 10/14/0901010024 **138.75
1) IS count Transport	3. Mailing Office Address	CR2E041 (10/08)
1557 JACKS Dr.		4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 8 - 26 - 2008
TALLAHASSÉTE FL ZID COUNTRY	Zip Country	Applied For Not Applicable
32301	Southly Southly	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Name	of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) 1557 Jacks Sr. Suite, Apt. #, Etc. City State Zip Code		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.
FL 3230 / 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 147	Date	
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Ear	
MCRM Kristel Avilus MORM JADANIS Avilus	1557 Jacks Dr.	Tallahassee Fl 32301
MORM JADANIS Avilus	1557 Jacks Or	Tallahassee Fl 32301
REINSTATEMENT 09		
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. 1 further certify that when filting this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of soction 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 /D	/14/09 Daytime Phone #(%50) 264-34/8
Typed or printed name of signing Managing Member/Manager		