

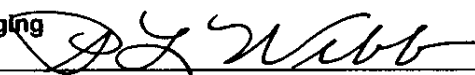


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 11 APR 19 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300202484953 04/19/11--01011--003 **382.50 CR2E041 (1/11)	
DOCUMENT # L09000004464					
1. Limited Liability Company's Name					
GREATEST FINDS, LLC					
2. Principal Office Address - No P.O. Box # 2100 W BEACH DR		3. Mailing Office Address 2100 W BEACH DR		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc. APT P-101		Suite, Apt. #, etc. APT P-101		5. Date Organized or Qualified To Do Business in Florida JANUARY 14, 2009	
City & State PANAMA CITY FL		City & State PANAMA CITY FL		6. FEI Number 26-4272751	
Zip 32401	Country USA	Zip 32401	Country USA	<input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				E-mail Address: WESTNWEBB@HOTMAIL.COM (To be used for future annual report notices)	
Name PATRICIA L. WEBB					
Street Address (P.O. Box Number is Not Acceptable) 2100 W BEACH DR					
Suite, Apt. #, Etc. APT P-101					
City PANAMA CITY		State FL	Zip Code 32401		
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  Date 4/13/11					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGRM	PATRICIA L. WEBB	2100 W BEACH DR APT P-101	PANAMA CITY, FL 32401		
REINSTATEMENT					
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager  Date APRIL 13, 2011 Daytime Phone # (850) 763-1621					
Typed or printed name of signing Managing Member/Manager					