## 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					promo till of	
DOCUMENT # L09000035135					SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Nam						GE CUMP CRAZIONS
	1100 000			1		11 JAN -5 AM 9:09
Principal Plac	e of Business	Mailing Address		1		509
1733 MAYO		1733 MAYO STREET				
ST 14	) FL 33020	ST 14 HOLLYWWOD, FL 3302	Λ			
2. Principal Place of Business - No.P.O. Box # 3. Mailing Address TI 52 BERA CASA WAY TI 52 BERA CASA WAY						A THE THE THE BOLL BOTH BOTH BOTH BOTH BOTH BOTH HE WAS THE FIND THE BOTH HE HERE
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- (	12152010 REIN-LLC CR2E101 (1/07)
City & Stat		City & State D				4. FEI Number Applied For
IDOCA Zip	KATON F C.	BOCA KATO		ILCY A		Not Applicable  Solution of Status Desired 55.00 Additional
3343	3 USA	33483	ឋ:	<b>54</b>		5. Certificate of status besiled Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name						
DELGADO 1733 MAY			Street Address (P.O. Box Number is Not Acceptable)			
ST 14						· · · · · · · · · · · · · · · · · · ·
HOLLYWO	DOD, FL 33020			City		Zıp Code
8 The above	a named entity submits this statement for	the surpose of changing its	ronietor		anietar	<u> </u>
8. The above named entity systemits 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 a	and title if applicable (NOTE	: Register	ed Agent signatu	ıre requir	12-20-10 red when reinstating) DATE
	E NOW!!! FEE IS \$238.75 lary 1, 2011, Fee will be \$377.50					Make check payable to Florida Department of State
9.	MANAGING MEMBE	BS /MANAGERS	10.			ADDITIONS/CHANGES
TITLE	MGR	Delete	TITL	E	M	ense Baddition □ Change
NAME STREET ADDRESS	MUSA, KELLI 701 SW 33RD PLACE		NAM	ET ADDRESS	AN	INA DELGADO
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			-ST-ZIP	BN	YNTON BEACH
TITLE	MENBER OF CASE	☐ Delete	IITU		<del></del> -	Change Addition
NAME STREET ADDRESS	781 3W 35R	ا ا	NAM Stri	EET ADDRESS		
CITY-ST-ZIP	COYDTON BEAG	4 Er 33 432	_	-ST - ZIP		the section of the se
NAME		☐ Delete	TITL			Change Addition
STREET ADDRESS				EET ADDRESS -ST-ZIP		
TITLE		Delete	TITL			☐ Change ☐ Addition
NAME	REINSTATEMENT	2010	NAM	E		_000190014940 <sup>-</sup>
STREET ADDRESS CITY-ST-ZIP	_			ET ADDRESS -ST-ZIP		01/06/1101004002 **238.75
TITLE		☐ Delete	TITL			Change Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE NAME		☐ Delete	TITL NAM	1		☐ Change ☐ Addition
STREET ADDRESS				ET ADDRESS		
CITY-S1-ZIP				-ST-ZIP		0
indicated	certify that the information supplied with on this report is true and accurate and initially company or the receiver or trusted	this filing does not qualify for that my signature shall have t empowered to available this	the exe	mptions cont e legal effect s required by	tained i as if m	in Chapter 119, Florida Statutes. I further certify that the information nade under oath: that I am a managing member or manager of the ter 608. Florida Statutes.
	, sompany or moreograph or mastee	Cporroso to reaction this f	aport di	z .oquiidu iJy	- Ulapi	
SIGNAT		>				12-20-/0 305-333-073
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OF	AUTHORIZED R	EPRESE	ENTATIVE Date Daytime Phone #

THE