

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000099854

1. Limited Liability Company's Name

CIRCADIAN RHYTHM, LLC

CR2E041 (05/10)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -2 PM 3:16

2. Principal Office Address - No P.O. Box # 2580 SE 5TH COURT		3. Mailing Office Address 2580 SE 5TH COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL	
Zip 33033	Country USA	Zip 33033	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 10/16/2009	
6. FEI Number 27-1136949	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. 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

Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST.		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

500188312845	
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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]

**Troy Todd
as its agent**

Date 12/2/2010

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	KEITH TYLER	2580 SE 5TH COURT	HOMESTEAD, FL 33033

REINSTATEMENT 2010

11. E-mail Address: skywater@bellsouth.net

(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

11/23/2010

Daytime Phone #

305-230-6576

Typed or printed name of signing Managing Member/Manager

KEITH TYLER, MEMBER



CORPORATION SERVICE COMPANY

L 09000099854

ACCOUNT NO. : I20000000195

REFERENCE : 583978 7731424

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 238.75

ORDER DATE : November 19, 2010

ORDER TIME : 12:29 PM

ORDER NO. : 583978-010

CUSTOMER NO: 7731424

RECEIVED
10 DEC -2 PM 1:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CIRCADIAN RHYTHM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS

[Signature]

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