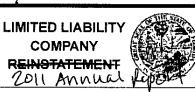
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L10000122864

1. Limited Liability Company's Name

FILED

M SEP 23 PM 12: 54

WHEN'S RESIDEN

| IVIV  | VCM ENTE   | :HPP                | liSt   | <u>-</u> S,  | , LLC                                     | ·   |   |  |  |
|---|--|---------------------|--|--------------|---|---|---|--|--|
| Principal Office Address - No P.O. Box #     104 BIT CT  Suite Apt. #, etc. |  | _                   | 3 Mailing Office Address  SANE  Surte, Apt #, etc. |              |   | CR2E041 (1/11)                            |   |  |  |
|   |  |                     |  |              |   |   | 4. State/Country of Formation FLORIDA, USA                          |  |  |
|   | 1,000  |                     | 30.0,7 p, 3.0.                                     |              |   | 5. Date Organ                             | 5. Date Organized or Qualified To Do Business in Florida 11/30/2010 |  |  |
| City & State KISSIMMEE, FL  |  | City & State        | City & State                                       |              |   | 6. FEI Numb                               | 0er   | Applied For  |  |
| Zip<br>34743  | Country  | Zip                 | 11011  | Count        | try                                       | 7. CERTIFICATE                            | S5.00   | Not Applicable  O Additional Fee required ra Certificate of Status |  |
| 8.  | Name and Address of  | of Current Registe  | ered Agent   |              |   |   |   |  |  |
| Name M  | IARIA G BRANCO   |                     |  |              | · · · · · · · · · · · · · · · · · · ·     | 1   | E-mail Address:   |  |  |
| Street Address (P.O. Box Number is Not Acceptable) 104 BIT CT               |  |                     |  |              |   | 900212480279<br>09/23/1101050008 **543.75 |   |  |  |
| Suite, Apt.   | #, Etc.  |                     |  |              |   | mast                                      | e-2644@He   | OTMAIL.  |  |
| City<br>KISSIN  | имее   |                     |  |              |   |   | e used for future annua   |  |  |
| 9. I, being   | g appointed the registered agent of the at   | bove named limite   | ed hability co                                     | ompany, ar   | m familiar with and                       | accept the obliga                         | itions of Chapter 608, F.S.   |  |  |
| Signatu<br>Registe  | ered Agent <u>- / / / / / / / / / / / / / / / / / / </u>   | REGISTERED AC       | COLUI<br>GENT MUS                                  | )<br>IT SIGN |   |   | Date _ <b>9</b> - <b>9</b> . <b>0 1</b>                             | <u></u>  |  |
| 10. Nami  | es and Street Addresses of Managing Mo   |                     |  |              |   |   |   |  |  |
| Titles  | Name of<br>Managing Members/Mana   | agers               |  |              | eet Address of Each<br>ging Member/ Manag |   | City / State  | ·/ Zip   |  |
| MGRM  | MARIA G BRA  | NCO                 | 104  | BIT          | CT  |   | KISSIMMEE,  | FL 34743   |  |
|   |  |                     | ļ  |              |   |   |   |  |  |
|   | L. SELLER  | 5                   |  |              |   |   |   |  |  |
|   | SEP <b>2 6</b> 2011  |                     |  |              |   |   |   |  |  |
|   | EXAMINE  | R                   |  |              |   |   | -   |  |  |
|   |  |                     |  |              |   |   |   |  |  |
| filling th  | fy that I am managing member/manager<br>this reinstatement application the reason<br>as owed by the limited liability company ha | for dissolution has | ıs been elimi                                      | inated, the  | limited tiability com                     | npany name satisf                         | fies the requirements of section :                                  | 608 406 F.S. and that  |  |

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   | Mar  | agin | g |
|-----------|------|------|------|---|
| Member/N  | /lar | nade | r    |   |

Secur Date 9-20-1/Daytime Phone # 407-467-980/

Typed or printed name of signing Managing Member/Manager