

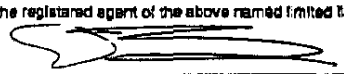
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                      |                       |                                                                                                                                                                          |                    |
|----------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>LIMITED LIABILITY<br/>COMPANY<br/>REINSTATEMENT</b>                                                               |                       |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |                    |
| <b>DOCUMENT # L94000000324</b><br>1. Limited Liability Company's Name<br><b>REAL SAFE HOLDING, L.C.</b>              |                       |                                                                                                                                                                          |                    |
| 2. Principal Office Address<br><b>Post Office Box 12651</b><br>Suite, Apt. #, etc.                                   |                       | 3. Mailing Office Address<br><b>Same</b><br>Suite, Apt. #, etc.                                                                                                          |                    |
| City & State<br><b>St. Petersburg, Florida</b>                                                                       |                       | City & State<br>(blank)                                                                                                                                                  |                    |
| Zip<br><b>33733</b>                                                                                                  | Country<br><b>USA</b> | Zip<br>(blank)                                                                                                                                                           | Country<br>(blank) |
| 4. State/Country of Formation<br><b>Florida</b>                                                                      |                       | 5. Date Organized or Qualified To Do Business in Florida<br><b>7/15/1994</b>                                                                                             |                    |
| 6. FBI Number<br><b>593268428</b>                                                                                    |                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                   |                    |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |                       |                                                                                                                                                                          |                    |

|                                                                              |  |                                               |                          |
|------------------------------------------------------------------------------|--|-----------------------------------------------|--------------------------|
| <b>8. Name and Address of Current Registered Agent</b>                       |  |                                               |                          |
| Name<br><b>ESPEN TANDBERG</b>                                                |  |                                               |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>111 Jardin Lane</b> |  | 200040084452<br>08/11/04--01037--002 **250.00 |                          |
| Suite, Apt. #, Etc.<br>(blank)                                               |  | 200040084452<br>08/11/04--01037--003 **150.00 |                          |
| City<br><b>Winter Haven</b>                                                  |  | State<br><b>FL</b>                            | Zip Code<br><b>33884</b> |

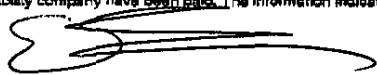
  

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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.<br>Signature of Registered Agent  Date <b>7-27-04</b><br><div style="text-align: center; font-weight: bold; font-size: small;">REGISTERED AGENT MUST SIGN</div> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| 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     |
| MGR                                                         | RAFAEL ORDONEZ                    | 1775 NW 70th Avenue                            | Miami, FL 33126        |
| MGR                                                         | ESPEN TANDBERG                    | 111 Jardin Lane                                | Winter Haven, FL 33884 |
|                                                             |                                   |                                                |                        |
|                                                             |                                   |                                                |                        |
|                                                             |                                   |                                                |                        |
|                                                             |                                   |                                                |                        |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 11. I certify that I am managing member/manager of 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                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date <b>7-27-04</b> Daytime Phone # <b>(813) 521-8314</b> |
| Typed or printed name of signing Managing Member/Manager _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |

C032641 (10/02)