


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 00 NOV 27 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>L95000000415</u>							
<b>1. Limited Liability Company's Name</b> <u>Aubrey, A Limited Company</u>							
<b>2. Principal Office Address</b> <u>1725 Taylor Street</u> Suite, Apt. #, etc. <u>#522</u> City & State <u>Aventura Hollywood FL</u> Zip <u>33020</u> Country <u>USA</u>				<b>3. Mailing Office Address</b> <u>3535 Magellan Circle</u> Suite, Apt. #, etc. <u>522</u> City & State <u>Aventura FL</u> Zip <u>33180</u> Country <u>USA</u>			
<b>4. State/Country of Formation</b> <u>Florida, USA</u>				<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>7/95</u>			
<b>6. FEI Number</b> <u>65-0607665</u>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <input checked="" type="checkbox"/>			
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$500 Additional Fee required for a Certificate of Status</b>			

<b>8. Name and Address of Current Registered Agent</b>	
Name <u>Amy Metzger</u>	<u>500003491705-9</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3535 Magellan Circle #522</u>	
Suite, Apt. #, Etc. <u>522</u>	
City <u>Aventura</u>	State <u>FL</u> Zip Code <u>33180</u>

<b>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.</b>			
Signature of Registered Agent <u>[Signature]</u>		Date <u>11/1/2000</u>	
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Arthur Metzger	12830 Oak Knoll Dr.	Palm Beach Gardens FL 33418
VP	Amy Metzger	3535 Magellan Circle #522	Aventura, FL 33180
Mem	Carol Metzger	338 Dewey St	Hwyd FL 33019
mem	Gary Metzger	32 Weston St	Huntington NY 11746
mem	Sean Parisi	26 Hill Park Lane	Smithtown NY 11787
mem	Leslie Metzger	224 Larch Lane	Smithtown NY 11787
I certify that I am managing member, manager, or the receiver or trustee authorized to execute this application as provided for in Chapter 608, F.S. Further, I 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 <u>[Signature]</u>		Date <u>11/1/2000</u> Daytime Phone # <u>954-240-2882</u>	
Typed or printed name of signing Managing Member/Manager <u>Amy Metzger</u>			