10	READ VL IN	STRUCTUON BEFORE	COMPLET	THIS ORM	
LIMITED LIABILITY COMPANY REINSTATEMENT	PLOR	MIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SE SIVIO	FILED CRETARY OF STATE SION OF CORPORATIONS DEC -6 AM 8: 33	
DOCUMENT #LA 1. Limited Liability Company's Nam 910 Lin		_		DEC -0 AN 0.33	· .
2. Principal Office Address Suite, Apt. #, etc.	20	Apt. #, etc.	5. Date Organ	ntry of Formation A D D D D D D D D D D D D D D D D D D	
City & State MIAMIBER Country 33139 TD	City & S Zip	State Country	7.	0605321 -	Applied For Not Applicable ral Fee required cate of Status
Street Address (P.O. I	SICISTO Box Number is Not Accepted			DDD3D66009 -12/09/9901095 ****150.00 *****1!	
many to the annual content of the second of	Ydelel	linkted liability company, am familiar with an	nd accept the obligat	1:-1 200.00	No see a
10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Each Managing Members/ Managers Managing Members/ Managers				City / State / Zip	
Morem Ray Sc	Anitzen	910 lincoln	910 Lincoln Ro		7/32/39 7/22/39
PERST	ATEMEN	1999	1 ICC'	I MAIN DUN	10-7713
11 Lootify that I am managing me	mher/manager or the rece	iver or trustee empowered to execute this a	pplication as provide	ed for in chapter 608, F.S. I further certif	y that when
		on has been eliminated, the limited liability coid. The information indicated on this application	ion is true and accur.		e legal effect
Managing Member/Manager Typed or printed name of signing Ma	anaging Member/Manager	RAY Schnit		Daytime Phone#	