

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-4-02
350.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L96000000381

1. Limited Liability Company's Name

ZINGG HOME, LLC

2. Principal Office Address

1111 BISCAYNE BLVD

Suite, Apt. #, etc.

725.

City & State

MIAMI, FL.

Zip

33181

Country

USA.

3. Mailing Office Address

1111 BISCAYNE BLVD

Suite, Apt. #, etc.

725.

City & State

MIAMI, FL.

Zip

33181

Country

USA.

CR2E041 (8/05)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

4/1/96

6. FEI Number

650660841

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HERMANN ZINGG

Street Address (P.O. Box Number is Not Acceptable)

1111 BISCAYNE BLVD # 725.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33181.

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]

REGISTERED AGENT MUST SIGN

Date 3/30/06

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
MANAGER	ZINGG, HERMANN	1111 BISCAYNE BLVD # 725.	MIAMI, FL. 33181
MANAGER	ZINGG, EGWINTIA	1111 BISCAYNE BLVD # 725.	MIAMI, FL. 33181

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REINSTATEMENT 02-06

11. 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 3/30/06

Daytime Phone # 784.4246496.

Typed or printed name of signing Managing Member/Manager