


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JUL 21 AM 11:07 SECRETARY OF STATE TALLAHASSEE FLORIDA 200039378262 07/21/04--01036--002 **200.00 7/21																													
DOCUMENT # L97000000307																																	
1. Limited Liability Company's Name FED LC																																	
2. Principal Office Address 20911 JOHNSON ST Suite, Apt. #, etc. # 126 City & State PEMBROKE PINES, FL Zip 33029 Country USA		3. Mailing Office Address 20911 JOHNSON ST Suite, Apt. #, etc. # 126 City & State PEMBROKE PINES, FL Zip 33029 Country USA		4. State/Country of Formation FL / USA 5. Date Organized or Qualified To Do Business in Florida 03/97 6. FEI Number 65-0757448 <div style="display: flex; justify-content: space-between;"><div>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div>\$5.00 Additional Fee required for a Certificate of Status</div></div>																													
8. Name and Address of Current Registered Agent Name MICHAEL BARNARD Street Address (P.O. Box Number is Not Acceptable) 1600 HARBOUR SIDE DR. Suite, Apt. #, Etc. City WESTON State FL Zip Code 33326																																	
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 <u>M. Barnard</u> Date <u>7/14/2004</u> REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>Mgr.</td><td>MICHAEL BARNARD</td><td>1600 HARBOUR SIDE DR</td><td>WESTON FL 33326</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Mgr.	MICHAEL BARNARD	1600 HARBOUR SIDE DR	WESTON FL 33326																				
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REINSTATEMENT 2003-2009																																	
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 <u>M. Barnard</u> Date <u>7/14/04</u> Daytime Phone# <u>954 433 2727</u> Typed or printed name of signing Managing Member/Manager <u>MICHAEL BARNARD</u>																																	

CR2E041 (10/02)