


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

WJH

DOCUMENT # L9700000307

1. Limited Liability Company's Name

FED LC

200039378262
07/21/04--01036--002 **200.00

7/21

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 Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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 *M. Barnard* Date 7/14/2004

REGISTERED AGENT MUST SIGN

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.	MICHAEL BARNARD	1600 HARBOUR SIDE DR	WESTON FL 33326

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 *M. Barnard* Date 7/14/04 Daytime Phone# 954 433 2727

Typed or printed name of signing Managing Member/Manager MICHAEL BARNARD

CR2E041 (10/02)