(1)

FILED WL 3/23

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

01 MAR 22 AM 8:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
1999-2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000001401

1. Limited Liability Company's Name

DREW INVESTMENT L.C.

2. Principal Office Address	3. Mailing Office Address
1840 NE 19 Drive	SAME
Suite, Apt. #, etc.: Apt. 6	Suite, Apt. #, etc.
City & State: North Miami, Florida	City & State
Zip: 33181 County: Dade	Zip: County:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/15/1997

6. FEI Number: 65-0785165 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: Jeffrey Feinberg, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd.

Suite, Apt. #, Etc: 350 North Tower

City: Hollywood State: FL Zip Code: 33021

9. I, being appointed the registered agent of the above named limited liability company, accept the appointment and agree to comply with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] (REGISTERED AGENT MUST SIGN) Date: 03/16/2001

10. Names and Street Addresses of Managing Members/Managers

Type	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	Gandhi, Mahesh	4000 Hollywood Blvd. #350N	Hollywood, FL 33021
MBR	Filler, Arlington	4000 Hollywood Blvd. #350N	Hollywood, FL 33021
	REINSTATEMENT 1999-2001		600003892586--7

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 608.508, 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: 3/20/01 Daytime Phone #: 954 962-8889

Typed or printed name of signing Managing Member/Manager:

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 087537 83810A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 305.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORDER DATE : March 22, 2001

ORDER TIME : 11:01 AM

ORDER NO. : 087537-005

CUSTOMER NO: 83810A

CUSTOMER: Ms. Lisa Scotson
Feinberg & Maidenbaum
Suite 350, North Tower
4000 Hollywood Blvd.
Hollywood, FL 33021

RECEIVED
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DIVISION OF CORPORATIONS
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DOMESTIC FILINGS

NAME: DREW INVESTMENT L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____

255.00