, ,z,c	PL P	Y	FLORIDA	DEPAR Secretar	TMENT OF S Ty of State	-			PARMS AM 9:			
DOCU	JMENT # Liability Company's N	L9700001	401				TĂĬ	CLAH	TARY OF SI ASSEE, FLO	RIĐA	\	
1840 N.E. 19 Drive Suite Apt #, etc. Apt. 6 City & State North Miami, FL			SAME	Suite, Apt. #, etc. City & State			17/25/0301022001 ***205 00 4. State/Country of Formation FL/USA 5. Date Organized or Qualified To Do Business in Florida 12/15/97 6. FEI Number Applied For 65-0785165 7. CERTIFICATE OF STATUS DESIRED Status for a Certificate of Status					
	Street Address (P		ESQUIRE	lame and A	Address of Current	Registered		State	Zip Code 33021	r a Certif	ficate of Status	
Signature of Registered	Agent	erect agent of the abo	EGISTERED AG	ENT MUST		with and acc	cept the obligati	ions of Ch	7/23/03			CR2E041 (10/02)
Titles MBR	Name of Managers Managers MAHESH GANDHI			4000	Street Address of Each Managing Member/Manager 4000 Hollywood, Blvd., #3			City/State/Zip N Hollywood, FL 33021				
MANAG. MBR	FILLER,	ARLINGTON		4000	Hollywood	Blvd.	, #350-I	7 !	Hollywood,	FL 3	33021	

11	1. 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
	filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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.

Organica Control	0.
Managing	Member/Manager _

Date 7/23/03 Daytime Phone # 954-962-8889