PLEASE READ	ALL'INSTRUCTIONS BEFORE (COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	DIVISION OF CORPORATIONS OI APR 20 PM 1: 20
DOCUMENT # L 98 000 000 637 1. Limited Liability Company's Name		1:20 PM 1:20
SINGLE SEAACH GLOBAL, A		
LIMITED CONTANY 9/29/60		
2. Princinal Office Address DALE MARKY SUITE 305, TAMIA, FL 336	3. Mailing Office Address 13176 N. DANE HABRY 8 SUITE 305 TANA FL 3368	4. State/Country of Formation
Suite, Apt. #, etc. 5017E 305	Suite, Apt. #, etc. SUITE 305	5. Date Organized or Qualified To Do Business in Florida
City & State TAMM FL Zin Country	City & State TANA, FL Zip Country	6. FEI Number
Zip Country USA	Zip 3 36/8 Country USA	CERTIFICATE OF STATUS DESIRED SOME Additional Representation Corporational Corporations (Status
	8. Name and Address of Current Register	nd Agent
Name LISA D. BENTSEN 20004045482+-7 -04/24/0101003006 Street Address (P.O. Box Number is Not Acceptable) ****200.00 *****200.00		
13176 N. DALE MASKY Suite, Apt. #, Etc. 507 TE 305		
City TAMPA		State Zip Code FL 336/8
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 Date 2/2/2001 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each	er City / State / Zip
MENDENT ROBERT BENT	ISEN 13176 N. DALE M	ABLY SUITE 305, THAIR FL
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 filling 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 Aberl Sentsey Date 2/2/200/ Daytime Phone # 8/3-264-1705		
Typed or printed name of signing Managing Member/Manager ROBEXT BENTSEN		