2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Nam	ne 🙀	# L98000001	27		05 JAN 24			
POMPÁNO ČAND, Ł.L.C.						SECRETAR' TALLAHASS		
Principal Place of Business Mailing Address						INCLARASS	te.FLORIDA	
600 W. PEAG Suite 1200 Atlanta, G/		REET	C/O G. MAYNARD- 600 Suite 1200 Atlanta, ga 30308			1 1874 1741 BUD 1880 18814 BRIS BOTA I	COLIT RAKIN DEKINI (KARA INTIKA 1181) I	
2. Principal F 4001	Presid	Pential Pkwy	3. Mailing Address Presidentil Pky					
Suite, Apt. #, etc. 5 / 2			Suite, Apt. #, etc. /5/2			01182005 REIN-LLC	CR2E101 (6/04) [[[K]
AMa	Affanta GA		City & State Man for 6A			4. FEI Number 58-2421261		Applied For Not Applicable
3034	40	Dekolb	^{Zip} 30340	Country	16	5. Certificate of Status Desired	Fee Requir	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
ROSEN, MARK L ESQ. 18250 NW 2ND AVENUE Street A						P.O. Box Number is Not Acceptal	ole)	
SUITE C — MIAMI, FL 33169					DE	INCTATEM	FNT 11/-	05
MIMMI, FL 33309					-DE	HAS I LITERAL	FL Zp Co	xde
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
signature								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1982/1992 1992/1992 19								
FILE NOW!!! FEE IS \$200.00						Flori	ake check payable to da Department of Sta	
9.		MANAGING MEMBE	RS/MANAGERS	10.			S/CHANGES	e i ku iyeku u
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: MOR 01/18/05 6785971800								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysine Proce #								

\$205.00