
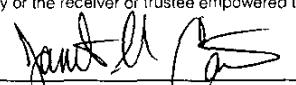


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY 14 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000404			
1. Entity Name HENDON SALES LC			
Principal Place of Business NORTH EAST POINT VICTORIA, MAHE SEYCHELLES,		Mailing Address 1333 N DUVAL ST TALLAHASSEE, FL 32302	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1220 N. Market Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 804	
City & State		City & State Wilmington, DE	
Zip	Country	Zip	Country
19801	USA	19801	USA
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESPERANCE, ANNE NORTH EAST POINT MAHE, SEYCHELLES, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000129053110 05/12/08--01056--011 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		REINSTATEMENT 07-08	
		L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		MAY 16 2008	
		EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 5-7-08 Daytime Phone #: 302-421-5750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			