PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY . FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS							FILEU				
DOCUMENT # L9900002700 1. Limited Liability Company's Name CARLTON ENTERPRISES, L.L.C.							2004 OCT 20 AM II: 06 DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA				
· · · · · · · · · · · · · · · · · · ·				Office Address				W-11			
411 MICHIGAN AVENUE Suite, Apt. #, etc.			411 MICHIGAN AVENUE Suite, Apt. #, etc.				4. State/Country of Formation FLORIDA				
City & State City & S				State			5. Date Organized or Qualified To Do Business in Florida 05-12-1999				
MIAMI BEACH, FL			MIAMI BEACH		l, FL		6. FEI Numbe	NONE	_ 	plied For t Applicable	
33139	Country MIAM	-DADE	Zip 33139	I .	Country MIAMI-DAD	Œ	7. CERTIFICATE			Fee required	
	8. Name and Address of Current Registered Agent										
	STEWART A. MERKIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE Suite, Apt. #, Etc. SUITE 300 City MIAMI State Zip Code The Code Suite State St										
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					IGN			Date 10/06/04			
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers											
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City / State / Zip			
MGRM	MITCHELL, ROWENA			411 MICHIGAN AVENUE				MIAMI BEACH, FL 33139			
							D D 10/20/	<u>00420188</u>)401051007	5 <u>10</u> **150.0		
	Tify 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 608,406, F.S., and the 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 effective as if made under oath.											
Signature of Managing Member/Manager Phone # 305-672-5911											
Typed or printed name of signing Managing Member/Manager ROWENA MITCHELL											