
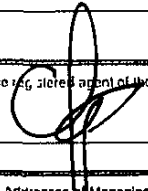
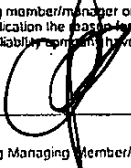


SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 PM 12:24

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # L99000004406																							
1. Limited Liability Company's Name Oppenheim Architecture & Design, LLC																							
2. Principal Office Address - No P.O. Box # 245 NE 37 Street Suite Apt # etc 102 City & State Miami, Fla. Zip Country 33137 USA		3. Mailing Office Address 245 NE 37 Street Suite Apt # etc 102 City & State Miami, Fla. Zip Country 33137 USA																					
4. State/Country of Formation Florida, U.S.A.		5. Date Organized or Qualified To Do Business in Florida August, 1999																					
6. FEI Number 65-0944650		Applied For <input type="checkbox"/> Not Applicable																					
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																							
B. Name and Address of Current Registered Agent Name Chad Oppenheim Street Address (P.O. Box Number is Not Acceptable) 245 NE 37th Street Suite Apt # Etc 102 City Miami State FL Zip Code 33137																							
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																							
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: 9/6/2007 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Managing Member/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Chad Oppenheim</td> <td>1500 W. 23 St.</td> <td>33140 Miami Beach, Fla.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Chad Oppenheim	1500 W. 23 St.	33140 Miami Beach, Fla.												
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REINSTATEMENT W/P 2005-2007 300109528903 09/18/07--01008--008 **250.00 300109528903 09/18/07--01008--008 **250.00																							
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 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 that all fees owed by the limited liability company have been paid. This 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:  Date: 9/6/2007 Daytime Phone #: 305-576-8404 Typed or printed name of signing Managing Member/Manager:																							

BLT