COMPANY REINSTATEMENT

L99000006221

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000006221

03 JAN 14 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/14 2002-2003

• Limited Liability Company's Name

CAMELLIA HOUSE, LLC

• Principal Office Address
1 Las Olas Circle

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FLORIDA

Zip
33316

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
YES

6. FEI Number
650955965

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

$5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ALFIO CARADONNA

Street Address (P.O. Box Number Is Not Acceptable)
1 Las Olas Circle

Suite, Apt. #, Etc.

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01/14/03--01037--007 **200.00

City
FORT LAUDERDALE

State
FL

Zip Code
33316

• 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
Alfio Caradonna
REGISTERED AGENT MUST SIGN

Date 01-09-03

9. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Alfio Caradonna	1 Las Olas Circle	Ft. Lauderdale, FL 33316

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. 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
Alfio Caradonna
Date 01-09-03 Daytime Phone # 954-854-2448

Typed or printed name of signing Managing Member/Manager ALFIO CARADONNA

FAX NO. 9545834117 P. 01