PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED Y
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 AM 8: 48

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1. Limited Liability Company's Name		•				
RAM	MARKETI	ng GROUP	all	CR2E041 (8/05)		
2. Principal Office Address 3. Mailing 0		Office Address 4 SMAY LN	4. State/Cou	4. State/Country of Formation		
Suite, Apt. #, etc. #4 Shaoy LN	Suite, Apt.		5. Date Orga	ORIDA - USA nized or Qualified	1999	
City & State MARY ESThe	City & State (FC. MAR	y ESTAI 71.	6. FEI Numb	er 3610856	Applied For Not Applicable	
32569 Country 32569 USA	3 as	569 Country USA	7.		itional Fee required difficate of Status	
	8.	Name and Address of Current I	Registered Agent			
	Sh AQY LA					
	4 ESTher			State Zip Code 32569		
9. I, being appointed the registered a Signature of Registered Agent	registered	AGENT MUST SIGN	with and accept the obliga	ntions of Chapter 608, F.S. Date		
10. Names and Street Addresses of	Managing Members/Manage	Street Addres	s of Each	0.10		
	embers/Managers	Managing Memb		City / State / Zip		
MGRM NORMAN	MOORE	#4 ShAD	y LN	MARY ESTL	1132569	
MGRM JOAN	MOORE	#4 Shal	DY LN	MARY ESTLO	71325 A	
			2! !!/!	0008174151: 3/0601049007 ***	100.00	
			REBUSTA	TEMENT OL-	06	
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Thigg this reinstatement application	n the reason for dissolution ha	as been eliminated, the limited liabi	ility company name satisfi	ed for in chapter 608, F.S. I further or es the requirements of section 608.40 rate, and my signature shall have the s	6, F.S., and that	
Signature of Managing Member/Manager	enn Mo	Da Da	10/12/06	Daytime Phone # <u>850 -30</u>	1-9285	