Division of Corporations

L99000090 20

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305)379-7907
Fax Number : (305)402-3141

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LIMITED LIABILITY REINSTATEMENT

EAST EUROPEAN INVESTMENTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$255.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L99000009020**

1. Limited Liability Company's Name

EAST EUROPEAN INVESTMENTS LLC

2. Principal Office Address	3. Mailing Office Address
2501 DAVIE RD.	2501 DAVIE RD.
Suite, Apt. #, etc. SUITE 230	Suite, Apt. #, etc. SUITE 230
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33317 Country	Zip 33317 Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/21/1999

6. FEI Number: Applied For / X Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 additional fee required with a Certificate of Status

8. Name and Address of Current Registered Agent

Name: FLORIDA INCORPORATORS, INC.

Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVE. STE. 900

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33131

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: Mark Hankins, President Date: 2/18/02

REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

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
Mgr.	Moses L. Garson	2501 Davie Rd. Ste. 230	Davie, FL 33317

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 608.405, 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: Moses Garson Date: 4 Feb '02 Daytime Phone #: 442074581715

Typed or printed name of signing Manager/Member/Manager: Moses L. Garson

Florida Incorporators, Inc.
1221 Brickell Ave. Ste. 900
Miami, FL 33131
(305) 379-7907