


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000002043		
1. Entity Name CAMACHO ONE, LLC		

FILED

2004 OCT 25 PM 4:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business 6742 GULFPORT BLVD., STE 116 SOUTH PASADENA, FL 33707	Mailing Address 6742 GULFPORT BLVD., STE 116 SOUTH PASADENA, FL 33707
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2. Principal Place of Business 5990 54th Ave N	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10212004 REIN-LLC CR2E101 (6/04)

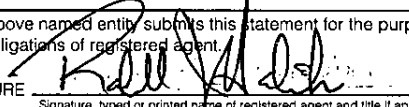
City & State KENNETH CITY, FLORIDA	City & State
Zip 33709	Country P.R.

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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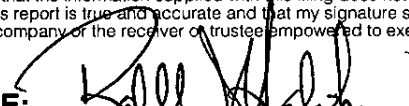
6. Name and Address of Current Registered Agent HENDRICKS, RANDALL J 6742 GULFPORT BLVD., STE 116 SOUTH PASADENA, FL 33707	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10/22/04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMGR HENDRICKS, R.J. 6742 GULFPORT BLVD SOUTH PASADENA, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042164558 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/25/04--01081--017 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  RANDALL J. HENDRICKS	DATE 10/22/04 727 345 1407