


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -9 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M01D 00 00 0860

1. Limited Liability Company's Name

COMMONALEON, LLC

2. Principal Office Address

1933 COMMONWEALTH LN

Suite, Apt. #, etc.

3. Mailing Office Address

11828 LA GRANGE AVE.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

LOS ANGELES, CA

Zip

32303

Country

Zip

90025

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

4/17/01

6. FEI Number

59-3712960

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

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

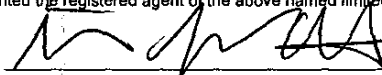
FL

Zip Code

33324

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



TARA C. COFER  
ASSISTANT SECRETARY

Date

7/2/04

REGISTERED AGENT MUST SIGN

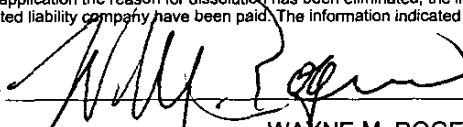
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAMES CARD	1933 COMMONWEALTH LN	TALLAHASSEE, FL 32303
MGRM	WAYNE M. ROGERS	1100 HWY 98 EAST, B201	DESTIN, FL 32541

REINSTATEMENT 02-04

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. 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



Date

July 6, 04

Daytime Phone# 310-473-0514

Typed or printed name of signing Managing Member/Manager

WAYNE M. ROGERS

CR2ED01 (10/02)