PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 31 PM 4:43

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/06)

DOCUMENT # M03000002567

1. Limited Liability Company's Name

LORAMY PROPERTIES, LLC

2. Principal Office Address	3. Mailing Office Address
1371 TIROL DRIVE	15822 LIME GROVE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INCLINE VILLAGE NV	City & State: POWAY, CA
Zip: 89451 Country: USA	Zip: 92064 Country: USA

4. State/Country of Formation: NEVADA, USA

5. Date Organized or Qualified To Do Business in Florida: JULY 2003

6. FEI Number: 88-0449387 — Applied For — Not Applicable

7. CERTIFICATE OF STATUS DESIRED: X

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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: NRAI Services, Inc. Jackie Sarman, Asst. Sec. Date: 10/26/2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LAURELANN K BUNDENS	15822 LIME GROVE ROAD	POWAY, CA 92064
MGRM	AMY MOORHOUSE	2451 CUMBERLAND PKWY	ATLANTA, GA 30339
		REINSTATEMENT 2004-06	

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10/31/06--01084--006 *55.00

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 608.508, F.S., and that all taxes 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: Laurelann K Bundens Date: 10/25/6 Daytime Phone #: 858 335 8052

Typed or printed name of signing Managing Member/Manager: LAURELANN K. BUNDENS