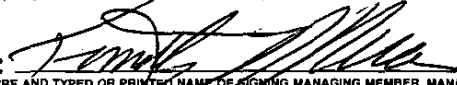


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M03000003994 1. Entity Name BERSTEIN-RYAN, LLC						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">04 OCT 27 PM 1:46</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 13161 56TH COURT NORTH CLEARWATER, FL 33760				Mailing Address 13161 56TH COURT NORTH CLEARWATER, FL 33760			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RYAN, TIMOTHY 13161 56TH COURT NORTH CLEARWATER, FL 33760				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="float: right;"> FL Zip Code </div>			
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  <div style="font-size: 0.8em; margin-top: 5px;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) </div>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERSTEIN, JOSEPH			NAME			
STREET ADDRESS	42 LUKENS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NEW CASTLE, DE 19720			CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, TIMOTHY			NAME			
STREET ADDRESS	13161 56TH COURT NORTH			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">2004</div>							
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date: 10-21-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #			