

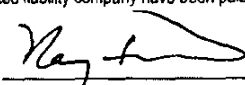


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04000002674			
1. Limited Liability Company's Name HRLS, LLC			
2. Principal Office Address - No P.O. Box # 5760 SEMINOLE WAY Suite, Apt. #, etc.		3. Mailing Office Address 5760 SEMINOLE WAY Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33314	Country USA	Zip 33314	Country USA
4. State/Country of Formation LAS VEGAS, NV		5. Date Organized or Qualified To Do Business in Florida 07/07/04	
6. FEI Number 200439501		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name JACKIE CAHAN L, CPA			
Street Address (P.O. Box Number is Not Acceptable) 5760 SEMINOLE WAY			
Suite, Apt. #, Etc.			
City FORT LAUDERDALE		State FL	Zip Code 33314
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 		Date 2/3/07	
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
MGR	RTTK, LLC	3111 TURTLE HEAD PEAK DRIVE	LAS VEGAS, NV 89135
			800120747228 03/19/08--01035--022 **266.25
			REINSTATEMENT 2006-2008
			800120747228 03/19/08--01035--023 **150.00
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 608.406, 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 2/7/08	Daytime Phone # 305 444-5002
Typed or printed name of signing Managing Member/Manager Nancy Terminello			