

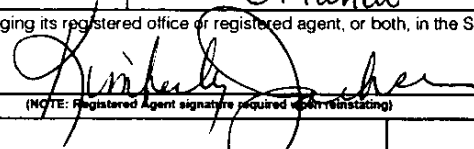
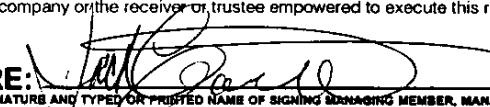


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000004281 1. Entity Name VIN-TELLIGENCE LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 NOV 12 PM 2:23	
Principal Place of Business 420 JERICHO TRPK., SUITE 324 JERICHO, NY 11753				Mailing Address 420 JERICHO TRPK., SUITE 324 JERICHO, NY 11753			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 06-1781424				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMASEN, KIM 7440 SOUTHWEST 59 PLACE, UNIT 402 S. MIAMI, FL 33143				7. Name and Address of New Registered Agent Name KIMBERLY JACKSON Street Address (P.O. Box Number is Not Acceptable) 7237 Black Bull Lane City Orlando FL Zip Code 32835			
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 Kimberly Jackson <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required upon reinstating)</small>		DATE 10/30/08	
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CACCIATO, JACK 420 JERICHO TRPK., SUITE 324 JERICHO, NY 11753 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200137739302 11/07/08--01029--003 **138.75		
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 exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Jack Cacciato Sole Man Member Date 10/30/08 Daytime Phone 264-337477			