PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE EILED **COMPANY** Secretary of State SECRETARY OF STATE DIVISION OF CORPORATIONS REINSTATEMENT DIVISION OF CORPORATIONS 10 JUN 29 AH 9: 56 DOCUMENT # M 0700000 6587 1. Limited Liability Company's Name PURETELH ENTERDRISES, LLC CR2E041 (05/10) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1333 SADLJER CIRLEWEST 4. State/Country of Formation 4403 VINELAND RD Suite, Apt. #, etc. Suite, Apt. #, etc. ANAZOUI Date Organized or Qualified To Do Business in Florida 607 City & State City & State Applied For 6. FEI Number ENDIFORMAZONI DRUANDO 26-0309398 Not Applicable Country Country \$5,00 Additional Fee required CERTIFICATE OF STATUS DESIRED 32811 OSA for a Certificate of Status USA 40239 8. Name and Address of Current Registered Agent Name MICHAEL D NELSON Street Address (P.O. Box Number is Not Acceptable) 4403 VINELAND Suite, Apt. #, Etc. B-14 SUTTE City State Zip Code 32811 DRLANDO 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. Date 6/23/10 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of City / State / Zip Titles Managing Members/Managers 46239 1333 SAULTER CIRCLE WEST IN DIDONAPOLIS MERM 4403 VINCIAND RD SIZEB-H OCLANDO 32811 WERM MICHAGE D REINSTATEMENT 2008-12010 11, E-mail Address:-(To be used for future annual report notifications) 12. 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 filling 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.

CAMO

Signature of

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

ADele 6-23-10 Daytime Phone # 317-025-5735