PLEASE READ ALL INSTRUCTION REFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT  DOCUMENT # MM4 000000  1. Limited Liability Company's Name  ORIENT & REWAY F  FIRST	Office Address	FILED  99 OCT 29 AN II: 53  SECRETARY OF STATE TALLAHASSEE, FI.ORIDA  RESISTATEMENT  4. State/Country of Formation To Do Business in Florida  6. FELNumber  Applied Formation Not Applicable
34242 1189	Country	CERTIFICATE OF STATUS DESIRED (15 00 Additional Fee required to a Certificate of Status
Street Address (P.O. Bow-Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Sign 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  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Manager  Name of Managing Members/Managers	Street Address of Each Managing Member/Manag	
My Grey Brown	718 NESTA Ce	900003047319-4
11. I certify that I am managing member/manager or the receiver of filing this reinstatement application the reason for dissolution hat all fees owed by the limited liability company lave been paid. The as if made under oath.  Signature of Managing Member/Manager	s been eliminated, the limited liability compose information indicated on this application is	-11/17/9901061018 ****150.00  *****150.00  *****150.00  cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect  23-99  Daytime Phone * 3666 47977