PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT DOCUMENT # MO 700 1. Limited Liability Company's Name Ogstan	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 0000484	FILED 99 NOV -5 AN 8-11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principa Office Address 1957 Boman Dr. Suite Apt #, etc City & State 1. Helm Read 210 23448 Country 23448 USA	3. Mailing Office Address 1957 Som A. D. Suite, Apt. W. etc. City & State 1. Phin Brack, Pr Zip Country 33408 USA	4. State/Country of Formation 4. State/Country of Formation 4. Date Organized or Qualified To Do Business in Florida 2/26/97 6. FEI Number 5. D 7 PM FO Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED
Name Policyt G. Cools, Cog, Street Address (P.O. Box Number is Not Acceptable) 1911 V.S. Huy # 1 Sint 365 Suite, Apt. #, Etc. Printe 305 City 1 being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 11/3/99		
10. Names and Street Addresses of Managing Members/Managers		
Titles Managing Members/Ma	Street Address of Eac	nger City / State / Zip
mor Kelle, A	.G. 1951 Borner	2 Dn. N. Belm Road, FZ 375 50003047325-5 -11/17/99-01061-022 ****150.00 ****150.00
		B11-9-99
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 at made under oath. Signature of Manager		