
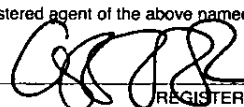



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2008 AUG -8 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2008 AUG -8 AM 9:11</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px; text-align: right; font-size: 0.8em;">CR2E041 (12/07)</div>	
DOCUMENT # P-05000084069					
1. Limited Liability Company's Name RUSH Collective, INC.					
2. Principal Office Address - No P.O. Box # 3020 SW 28 ST		3. Mailing Office Address 3020 SW 28 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL 33133		City & State Miami FL 33133			
Zip 33133	Country USA	Zip 33133	Country USA		
4. State/Country of Formation Florida USA					
5. Date Organized or Qualified To Do Business in Florida 6-10-05					
6. FEI Number 20-2959924					
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name ADAM RUSH					
Street Address (P.O. Box Number is Not Acceptable) 3020 SW 28 ST					
Suite, Apt. #, Etc.					
City Miami		State FL	Zip Code 33133		
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 7-8-08	
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	
P	ADAM RUSH	3020 SW 28 ST		Miami FL 33133	
<div style="font-size: 0.8em;">100133003961 07/16/08--01013--017 **1000.00 100133003961 08/13/08--01005--014 **58.75</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-top: 10px;">06-08</div>					
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 7-8-08 Daytime Phone # 305-801-2252	
Typed or printed name of signing Managing Member/Manager ADAM RUSH					