

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000084452

1. Limited Liability Company's Name

Fay Plasnie Corp

REINSTATEMENT 08-10

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

610 NW 183rd St

Suite, Apt. #, etc.

207

City & State

Miami FL

Zip Country
33169 USA

3. Mailing Office Address

610 NW 183rd St

Suite, Apt. #, etc.

207

City & State

Miami FL

Zip Country
33169 USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

6/21/2006

6. FEI Number

205086184

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sean Atkins

Street Address (P.O. Box Number is Not Acceptable)

610 NW 183rd St

Suite, Apt. #, Etc.

207

City

Miami

State

FL

Zip Code

33169

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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02/22/10--01061--004 **450.00

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

REGISTERED AGENT MUST SIGN

Date

2/17/10

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	Sean Atkins	610 NW 183 rd Street #207	Miami FL 33169
T	Sean Atkins	610 NW 183 rd Street, #207	Miami FL 33169
S	Sean Atkins	610 NW 183 rd Street, #207	Miami FL 33169

2/22

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 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

2/17/10

Daytime Phone #

305 205 7739

Typed or printed name of signing Managing Member/Manager

Sean Atkins