PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # P9700000 1. Corporation Name Reed Assert Management	+	O7 DEC -4 AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. 508 Les JARDIN Suite, Apt. #, etc. Suite	Mailing Office Address 508 Les VARDIN e, Apt. #, etc. 8 State IM BERG GARDENS, FL Country Country Country 133410 USA	PEINSTATEMENT CR2E081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name AUREN Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City PALIM PEACH GARDENS	State Zip Code FL 3341D	The 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 reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 12 - 3 - 07 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Dir	ector (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D LAUREN HOLLANDER	`	DIN PALM BEACH GARDENS, FL 3341D
D EVELYN Rooberg	508 Les JAR	DIN PALM Beach GARDENS FL 334/D
		12/04/0701042010 **450.00
		12万407-4062-617 348.75
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and equirate, and my signature shall have the same legal effect as if made under oath. SIGNATURE SIGNATURE Daybring Phone #		