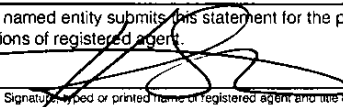
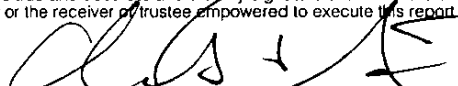


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L0600011272</b> 1. Entity Name <b>STREAM MOUNTAIN, LLC</b>						<b>FILED</b> 2007 OCT 16 PM 1:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business <b>5647 VIA DE LA PLATA CIRCLE                  DELRAY BEACH, FL 33484</b>			Mailing Address <b>5647 VIA DE LA PLATA CIRCLE                  DELRAY BEACH, FL 33484</b>					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>520 Brickell Key Drive                  Suite 0-305</b>			10152007 REIN-LLC CR2E101 (1/07)			
City & State Zip		City & State Zip			4. FEI Number <b>20-8807291</b>			
Country Zip		Country Zip			5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
Country Zip		Country Zip			6. Name and Address of Current Registered Agent <b>TRANSGLOBAL CORPORATE ADMINISTRATION, LLC                  520 BRICKELL KEY DRIVE STE 0-3605                  MIAMI, FL 33131</b>			
Country Zip		Country Zip			7. Name and Address of New Registered Agent Name <b>Transglobal Corporate Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Drive, Suite 0-305</b> City <b>Miami</b>			
Country Zip		Country Zip			FL Zip Code <b>33131</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>			<b>Hildie Aristondo</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>10/15/07</b>			
<b>FILE NOW!!! FEE IS \$150.00                  After January 1, 2008, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		DATE			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		Director/President <b>Diego Caro</b> <b>c/o 520 Brickell Key Dr. #0-305</b> <b>Miami, Florida 33131</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>Mario A de Castro</b> Date		<b>10/16/2007</b> Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #			