

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 COMPANY Secretary of State
 FINANCIAL INSTITUTIONS DIVISION OF CORPORATIONS

L0000007510

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JUN 25 AM 9:13

DOCUMENT # L0000007510

1. Limited Liability Company's Name

Fenneman & Brown Florida, LLC

2. Principal Office Address

6672 Estero Boulevard

Suite, Apt. #, etc.

308A

City & State

Ft. Myers Beach, Florida

Zip

33931

Country

USA

3. Mailing Office Address

5864 South East Street

Suite, Apt. #, etc.

City & State

Indianapolis, IN

Zip

46227

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

June 20, 2000

6. FEI Number

31-1718654

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

Martin Wallerstein

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

5689 Estero Blvd.

Suite, Apt. #, Etc.

City

Ft. Myers Beach

State

FL

Zip Code

33931

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

Martin Wallerstein

REGISTERED AGENT MUST SIGN

Date

6/23/03

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
MGRM	Craig E. Fenneman	5864 South East Street	Indianapolis, IN 46227
MGR	Charles W. Brown	5864 South East Street	Indianapolis, IN 46227

06/16/03--60021--013--\$120.00

REINSTATEMENT 01-03 *AW*

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

Craig E. Fenneman

Date

6/18/03

Daytime Phone #

3177880374

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)