

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000013192

FILED

DEC 13 PM 12:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013192

Name and Mailing Address

0004463 01 FP 0.352 **PRSRT T4 0 0615 33442-911913
SEALASKA RANGE LTD. COMPANY, LLC
13 CAPITOL COURT
DEERFIELD BEACH FL 33442-9119

700009508277
12/13/02--01073--001 **150.00



2. New Mailing Address
4. State/Country of Formation FL
5. Date Organized or Qualified To Do Business in Florida 08/08/2001
6. FEI Number Applied For
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent SCOTT A. ELK, P.A.
9. Name and Address of New Registered Agent

10. 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 12/15/02

11. Names and Street Addresses of Each Managing Member/Manager
Table with columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entry for XENORA TRAIL LIMITED.

REINSTATEMENT 2002

BK

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.

Signature of Managing Member/Manager
Date 11/25/02
Daytime Phone # 212-885-9502

Typed or printed name of signing Managing Member/Manager XENORA TRAIL LIMITED BY THOMAS H...

CR2E084 (8/02)