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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000001808

1. Limited Liability Company's Name
DAISY INVESTMENTS, L.L.C.

2. Principal Office Address 3141 Oak Shadow Lane		3. Mailing Office Address 3141 Oak Shadow Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, Florida		City & State Pensacola, Florida	
Zip 32504	Country USA	Zip 32504	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/24/2002	
6. FEI Number 80-0028174	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>All Applicants are required to file a Certificate of Status.</small>	

8. Name and Address of Current Registered Agent

Name
Sydney Woolenberg McAbee

Street Address (P.O. Box Number is Not Acceptable)
3141 Oak Shadow Lane

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32504

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 *Sydney Woolenberg McAbee* Date **4-21-04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sydney Woolenberg McAbee	3141 Oak Shadow Lane	Pensacola, FL 32504

REINSTATEMENT 03-04

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 *Sydney Woolenberg McAbee* Date **4-21-04** Daytime Phone # **850-293-7668**

Typed or printed name of signing Managing Member/Manager **Sydney Woolenberg McAbee**

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Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

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