


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000027710

1. Limited Liability Company's Name

FLORIDA FUN FACTORY HOLDING COMPANY, LLC

2. Principal Office Address <u>497 Webbs Cove</u>		3. Mailing Office Address <u>497 Webbs Cove</u>		4. State/Country of Formation <u>Florida/USA</u>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <u>10/18/02</u>	
City & State <u>Osprey, FL</u>		City & State <u>Osprey, FL</u>		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <u>34229</u>	Country <u>USA</u>	Zip <u>34229</u>	Country <u>USA</u>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name <u>Ronald J. Heromin</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>497 Webbs Cove</u>	
Suite, Apt. #, Etc.	
City <u>Osprey</u>	State <u>FL</u> Zip Code <u>34229</u>

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: Ronald J. Heromin Date: 11/1/04

REGISTERED AGENT MUST SIGN

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	Ronald J. Heromin	497 Webbs Cove	Osprey, FL 34229

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 608.408, 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 signing Member/Manager: Ronald J. Heromin Date: 10-13-04 Daytime Phone: 941-475-5626

Typed or printed name of signing Managing Member/Manager: Ronald John Heromin

REINSTATEMENT 2003-042

CR28041 (10/02)