

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

03 OCT 28 PM 5:15 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L02000034799

1. Limited Liability Company's Name

I.G. Bones, L.L.C.

MJM

2. Principal Office Address

6404 Maclurin Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

US

3. Mailing Office Address

6404 Maclurin Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

12/26/02

6. FEI Number

52-2401874

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

10/28

2003

8. Name and Address of Current Registered Agent

Name

Michael P. Rice

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

1745 W. Fletcher Avenue

Suite, Apt. #, Etc.

City

Tampa

State FL

Zip Code 33612

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 | Ira Guttentag | 6404 Maclurin Drive | Tampa, FL 33647 |
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REINSTATEMENT 2003

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

[Signature]

Date

10/28/03

Daytime Phone# (813) 979-0440

Typed or printed name of signing Managing Member/Manager Ira Guttentag

CR2E041 (10/02)