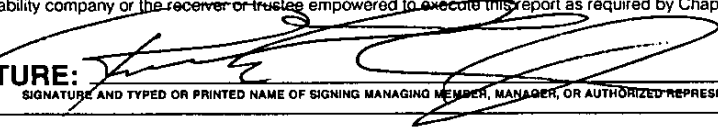


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000017795					
1. Entity Name H2OSSOCIATES LLC					
Principal Place of Business 6245 CLARK CENTER AVE. UNIT H SARASOTA, FL 34238			Mailing Address 6245 CLARK CENTER AVE. UNIT H SARASOTA, FL 34238		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
11082004 REIN-LLC			CR2E101 (6/04)		
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUART C. HOFFMAN, P.A. 2600 N. MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431			Name <u>Richard E Turner Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6245 Clark Center Ave</u> <u>Unit H.</u> City <u>Sarasota</u> FL <u>34238</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME		TITLE	NAME	
NAME	MGRM		NAME	500042704635	
STREET ADDRESS	Richard E Turner		STREET ADDRESS	11/12/04--01074--014 **150.00	
CITY-ST-ZIP	6245 Clark Center Ave Unit H		CITY-ST-ZIP		
	Sarasota FL 34238				
TITLE	NAME		TITLE	NAME	
NAME	MGRM		NAME		
STREET ADDRESS	Juan I Rodriguez		STREET ADDRESS		
CITY-ST-ZIP	6245 Clark Center Ave Unit H		CITY-ST-ZIP		
	Sarasota FL 34238				
TITLE	NAME		TITLE	NAME	
NAME	MGRM		NAME		
STREET ADDRESS	James Bradley		STREET ADDRESS		
CITY-ST-ZIP	6245 Clark Center Ave Unit H		CITY-ST-ZIP		
	Sarasota FL 34238				
TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  11/8/04 (941) 915-2104					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					