PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L9400000017

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

FILED

2004 JAN -6 AM 10: 37

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

700026112867 01/06/04--01017--011 **55.00



2. New Mailing Address 3949 Evans Avenue, Suite 402					State/Country of Formation FL		
City, State, A	Myers, Fl. 3	3901			5 Date Organiz To Do Busine	ed or Qualified ss in Florida	01/01/1994
Principal Place of Business 3949 EVANS AVENUE #402 FORT MYERS FL 33901		3. New Prince	3. New Principal Place of Business Address			6. FEI Number Applied For 65-0418362 Not Applied For	
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Cur	rent Registered Age	ent		9. Name and A	ddress of New Registered Ag	gent
BENNETT, SUSAN 1900 VIRGINIA AVENUE #703				Name Street Address (P.O. Box Number is Not Acceptable)			
FORT MYERS FL 33901			City		.,,	FL	Zip Code
· · · · · · · · · · · · · · · · · · ·	and Street Addresses of Each Man		ger			Date	
Title(s)	e(s) Name of Managing Members/Managers				a a b	City / State / Zip	
	Members/Manage			eet Address of Ea ging Member/Ma		City / State	/ Zip
MGR	Members/Manage BENNETT, SUSAN		Mana			City / State	
			Mana 1900 VIRGIN	ging Member/Ma			01
MGR	BENNETT, SUSAN		Mana 1900 VIRGIN	ging Member/Ma		FORT MYERS FL 3380	01
MGR	BENNETT, SUSAN		Mana 1900 VIRGIN	ging Member/Ma		FORT MYERS FL 3380	01
MGR	BENNETT, SUSAN		Mana 1900 YIRGIN 1900 YIRGIN	ging Member/Ma	nager	FORT MYERS FL 3380	01