

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 Division of Corporations

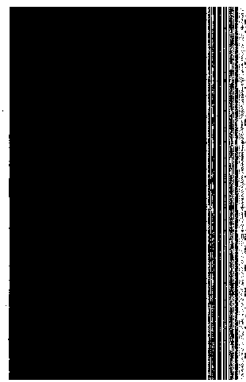
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #M00000000550
 1. Limited Liability Company's Name

MAPLE COMPANY, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address 2400 First Street Suite, Apt. #, etc. Suite 200 City & State Fort Myers, FL		3. Mailing Office Address 2400 First Street Suite, Apt. #, etc. Suite 200 City & State Fort Myers, FL		4. State/Country of Formation Florida, U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 03/21/2000		6. FEI Number 43-1860126		Applied For Not Applicable	
Zip 33901	Country U.S.A.	Zip 33901	Country U.S.A.	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required for Certificate of Status	



8. Name and Address of Current Registered Agent

Name
 Steven W. Hubbard
 Street Address (P.O. Box Number is Not Acceptable)
 2320 First Street, Suite 1000
 City
 Fort Myers

State
 FL

Zip Code
 33901-2904

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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: *Steven W. Hubbard* Date 11/06/01
 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	Christopher P. Janson	920 South Taylor Avenue	St. Louis, MO 63110
MGRM	Robert W. Flagg	920 South Taylor Avenue	St. Louis, MO 63110

11. I certify that I am a 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: *Christopher P. Janson* Date 11/6/01 Daytime Phone # (941) 344-0410
 Type or printed name of signing Managing Member/Manager Christopher P. Janson