## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  1. Immed Liability Corputy's Name  2. Principal Office Address  3. Maling Office Address  104TS Park Meadows DY  4. State Country of Formation  104TS Park Meadows DY  5. Date Organization Qualified  104TS Park Meadows DY  5. Date Organization Qualified  104TS Park Meadows DY  104TH Latin DY  104TH	LIMITED LIABILITY COMPANY REINSTATEMENT	Kather Secreta	RTMENT OF STATE rine Harris ary of State corporations	il	FILED DEC 11 AM 10: 08 RETARY OF STATE		
Sulfe, Apt. #. etc.	1. Limited Liability Company's Name	,		TALL.	AĤĀŜŜĒĒ, FĽORIDA		
Country State Country Registered Agent    Country   Coun	10475 Park Meddows Dr. Suite, Apt. #, etc.	10475 Par Suite, Apt. #, etc.	uk Meadows Dr	5. Date Organ	UMU		
8. Name and Address of Current Registered Agent  Name CT CAX DOTATION  Street Address (PO Box Number is Not Acceptable)  1200 South Pine   Sland Road   -12/13/0101071-020   ******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   *******1501.000   ********1501.000   ********1501.000   ********1501.000   ********1501.000   *********1501.000   *********1501.000   *********1501.000   **********1501.000   ***********1501.000   ***********1501.000   ***********1501.000   ************1501.000   ************1501.000   *************1501.000   *********************************	City & State = City & State = City & State			6. FEI Number   Applied For			
Street Address of Current Registered Agent  Street Address (P.O. Box Number (s Not Acceptable)  1.2				CERTIFICATE OF STATUS DECIDED [7] [STATUS ACCUMENTALISMS			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sulte, ASP, Etc.  City  State  State  State  State  State  State  Signature of 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 Addresses of Managing Members/Managers  Titles  Managing Members/Managers  Titles  Managing Members/Managers  Titles  Managing Members/Managers  Street Address of Each  Managing Member/Manager  City / State / Zip  Member Street Address of Each  Managing Members/Managers  Titles  Managing Members/Managers  Name of Managing Members/Managers  Managing Members/Manager  City / State / Zip  Members/Managers  Managing Members/Managers  Managing Members/Manager  City / State / Zip  Members/Manager  City / State / Zip  Members/Manager  Managing Members/Manager  City / State / Zip  Members/Manager  City / State / Zip  Members/Manager  City / State / Zip  Members/Manager  Managing Members/Manager  City / State / Zip  Members/Manager  City / State / Zip  Members/Manager  Members/Manager  City / State / Zip  Members/Manager  City / State / Zip  Members/Manager  City / State / Zip  Members/Manager  Members/Manager  City / State / Zip  Members/Manag				ed Agent			
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip  Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip  Managing Members/Manager C	Street Address (P.O. Box Number is Not Acceptable)  17.00 South Pine   Stand Road   -12/13/0101071020    Suite, Ap#, Etc.   *****150.00 *****150.00    City   State   Zip Code   FL						
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip    Managing Members		Ogles_ REGISTERED AGENT MUS	ST SIGN		Date 12/03/01	CR2E041	
Managing Member/Manager  Sole  Member Attne Warner Allcom Holdings And Description and the state of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing risk 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.	10. Names and Street Addresses of Managing Me	embers/Managers					
In 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.	Managing Members/Managers Ma				City / State / Zip		
11. I cetting 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 his 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.							
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Signature of Managing Member/Manager	11. I certis that I am managing member/manager filing this reinstatement application the reason fall fees owed by the limited liability company ha						
1		unb Manager Tina D	Date 11-	<u>19-01</u> .o sident_an	aylime Phone#303-566- rd Depary Leneral (	1279 Sunsel	