


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV -1 PM 11:02

DOCUMENT # M9800000 1428

1. Limited Liability Company's Name  
 Moon Dance LLC  
 3526 Spottswood Ave  
 Mem FL 38111

2. Principal Office Address  
 3526 Spottswood  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 Same as above  
 Suite, Apt. #, etc.

City & State  
 Mem FL 38111

City & State

Zip Country  
 38111 USA

Zip Country

**REINSTATEMENT 2000**

4. State/Country of Formation  
 FL Shelly

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
 62-1636969

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
 Dotson, Albert E Jr.

Street Address (P.O. Box Number is Not Acceptable)  
 200 S Biscayne Suite 2500

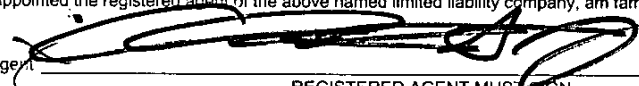
Suite, Apt. #, Etc.

City  
 Miami

State Zip Code  
 FL 33131

800003456458-5  
 -11/07/00--01144--005  
 \*\*\*\*155.00--\*\*\*\*155.00

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.

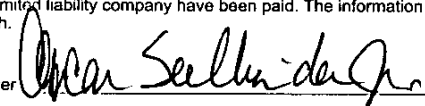
Signature of Registered Agent  Date 10/23/00

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	Seelbinder Oscar Jr	283 Ziltra	Mem FL 38111
MGRM	Ruby Avenue Health	1918 Exeter Rd	Yelmonton FL 38038
MGRM	Robinson, Richard	137 Hwy 45 Bypass	Jackson FL
MGRM	Montgomery, John H	41 Union Ave	Mem FL 38104

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  Date 10/17/00 Daytime Phone # 901327-7676

Typed or printed name of signing Managing Member/Manager OSCAR SEELBINDER JR

CORPORATE FORM 608