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**FILED**

03 OCT -2 PM 3:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

200023909282  
 10/17/03--01061--018 \*\*5.00

200023909282  
 10/17/03--01061--017 \*\*150.00

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M 99000000200**  
 1. Limited Liability Company's Name  
**Amerisite LLC**

2. Principal Office Address  
**3295 Fort Charles Dr**  
 Suite, Apt. #, etc.

3. Mailing Office Address  
**3295 Fort Charles Dr**  
 Suite, Apt. #, etc.

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

Zip Country  
**34102 Collier**

Zip Country  
**34102 Collier**

4. State/Country of Formation  
**US**

5. Date Organized or Qualified To Do Business in Florida  
**2/11/99**

6. FEI Number  
**59-3550581**  
 Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**

Suite, Apt. #, Etc.

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  
**PETER F. SOUZA**  
 REGISTERED AGENT MUST SIGN

Date  
**10/1/03**

10. Names and Street Addresses of Managing Member/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sulick, Peter	3295 FT. CHARLES DR	NAPLES, FL 34102

**REINSTATEMENT 2003**

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name complies 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 the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  
**P. Sulick**

Date  
**10/1/03**

Daytime Phone #  
**239-261-0247**

Typed or printed name of signing Managing Member/Manager  
**PETER SULICK**