PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # L0000008111		02 JAN -3 PM 12: 53
1. Limited Liability Company's Name		
R FISH, L.L.C.		
, , , , ,		
2. Principal Office Address	3. Mailing Office Address	
4336 TAMIAMI TRAIL	4336 TAMIAMI TRAIL	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida USA
/ INIT #1	UNIT*	5. Date Organized or Qualified To Do Business in Florida
City & State	City & State	6. FEI.Number Applied For
PORT CHARLOTTE, F-L	PORT CHARACTIE, FL	65 1023146 Not Applicable
339BN ISA	33980 116A	CERTIFICATE OF STATUS DESIRED Sign Additional Georgeographical for a Certificate of Status
<u> </u>	8. Name and Address of Current Register	'====
Name -		ou Agent
UEFFREY U	. POISSON	500004768575- 0
1/04/6 KIRVIVOD STOFFT -01/11/0201026083		
Suite, Ant. #, Etc. *****155.00 *****158.00		
City		State Zip Code
NORTH PORT		FL 34288
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 Date Date Date Date Date Date Dat		Date JUCINAU 31, 2001
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10. Names and Street Addresses of Managing Mem Name of	bers/Managers Street Address of Each	
Managing Members/Manage	ms Managing Member/Mana	ger City / State / Zip
MGRM POISSON, JEFFREY	T. 1646 KIRKWOOD S	TREET NORTH PORT, FL 34288
		Rein 100
		UBR 50
DEMOTATI	PARENTE ONN'I	C115 5
REINSTATE	MENI <u>2001</u>	15 5 . nc
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 flability 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	y Jason on 121.	31 01 Daytime Phone # (441) 7(de - 7007
Typed or printed name of signing Managing Member Manager JEFFREY J. POISSON		