

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000000126

1. Limited Liability Company's Name

AO2K, LLC

2. Principal Office Address
610 Garrison Cove Lane

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip 33602 Country US

3. Mailing Office Address
610 Garrison Cove Lane

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip 33602 Country US

8. Name and Address of Current Registered Agent

Name William J. Fuller, III

Street Address (P.O. Box Number is Not Acceptable)
630 South Orange Avenue

Suite, Apt. #, Etc.
Suite 104

City Sarasota

State FL Zip Code 34236

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 1/20/03

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
P/D	Michael L. Adams	610 Garrison Cove Lane	Tampa, FL 33602
V/D	Rey M. Ortega	610 Garrison Cove Lane	Tampa, FL 33602

REINSTATEMENT 2002-2003

JK

Rey

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

W

Date

1/13/03

Daytime Phone # 813-228-8499

Typed or printed name of signing Managing Member/Manager

CR2ED41 (10/02)