00000	DOONS B FORE	AMMU AMM O IPLETING THIS FORM.
	LORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	02 DEC 30 AM 9: 27 SECRETARY OF STATE FALL AHASSEE, PLORIDA
DOCUMENT # L 0000000741 1. Limited Liability Company's Name Florida Fish Finder, LLC		400009770474 12/31/0201073002 **200,00
2. Principal Office Address 5555 College Rel. Suite, Apt. #, etc. s City & State C	Mailing Office Address SSSS College Rd. Suite, Apt. #, etc.	4. State/Country of Formation Floridg -5. Date Organized or Qualified To Do Business in Florida To Do Business in Florida
Key West, FC zip Country zi 33040 USA	Key West FC Country 33040 USA 8. Name and Address of Current Register	6. FEI Number Applied For
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Key West State Zip Code 1 2 2 2 2 1/ D		
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 REGISTERED AGENT MUST SIGN Date 12/30/07		
10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each		
Managing Members/Managers Managing Members/Managers Managing Members/Managers	Managing Member/Managing Member/Membe	City/State/Zip Xey Wast, FL 33040
		98 10h
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 filling 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 signature of Managing Member/Manager Date 12 10 10 2 Daytime Phone # 305 29 10 11 1		
Typed or printed name of signing Managing Member/Manager James L. Alexander, TR		