

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000002918

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 16 PM 1:23

DOCUMENT # **L-2918**
 1. Limited Liability Company's Name
BIZNEANDO.COM LLC
9/28/01

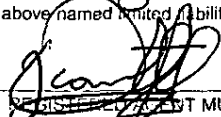
2. Principal Office Address 11901 4th Street N		3. Mailing Office Address 11901 4th Street N	
Suite, Apt. #, etc. Apt # 716		Suite, Apt. #, etc. Apt # 716	
City & State Saint Petersburg, FL		City & State Saint Petersburg, FL	
Zip 33716	Country USA	Zip 33716	Country USA

4. State/Country of Formation FLORIDA / USA	
5. Date Organized or Qualified To Do Business in Florida 3/13/2000	
6. FEI Number 59-3637616	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$500 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name JUAN OCANO	000004640170-9
Street Address (P.O. Box Number is Not Acceptable) 11901 4th Street N	-10/17/01--01076--011
Suite, Apt. #, Etc. 716	****155.00 ****155.00
City Saint Petersburg	State FL
	Zip Code 33716

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.

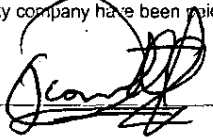
Signature of Registered Agent  Date **10/12/01**

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
MEM	JUAN OCANO	11901 4th Street N #716	Saint Petersburg, FL 33716
		Rein 100	
		UBR 50	
		cus 500	
		REINSTATEMENT 200L	155.00 MP

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 **10/12/01** Daytime Phone # **727-577-8166**

Typed or printed name of signing Managing Member/Manager **JUAN OCANO**

CR2E041 (9/01)