


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000003398

1. Limited Liability Company's Name

WALSTAFF, LLC

REINSTATEMENT

2001-
2002

300005180653--4
-04/01/02--01085--006
****820.00 ****205.00

2. Principal Office Address 35 Broad Street Suite, Apt. #, etc. N/A City & State Charleston, SC Zip 29401 Country USA		3. Mailing Office Address 35 Broad Street Suite, Apt. #, etc. N/A City & State Charleston, SC Zip 29401 Country USA		4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 3/27/2000	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Michael Grindstaff		
Street Address (P.O. Box Number is Not Acceptable) 300 S. Orange Avenue, S		
Suite, Apt. #, Etc. Suite 1000		
City Orlando	State FL	Zip Code 32801

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 3/27/2002

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
MGR	Stephen R. Walsh	508 Balmoral Road	Winter Park, FL 32789
	1	2001	
		REINSTATEMENT -2002	

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 3/27/02

Daytime Phone# 407-399-8966

Typed or printed name of signing Managing Member/Manager

Stephen R. Walsh, Manager

CR2E041 (9/01)