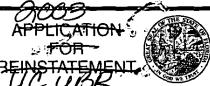
## \*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L0000005580

Name and Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -6 PM 12: 22

W5/8



2. New Mailing Address  City, State, Zip				4. State/Country of Formation  FL  5. Date Organized or Qualified  To Do Business in Florida  05/11/2000		
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status				
<u> </u>	8. Name and Address of Curre	nt Registered Agent		9. Name and A	ddress of New Registered A	gent
		<u>-v</u>	Name			
230	TEL, FREDERICK J III ROYAL PALM WAY E. 401		Street Address (P.O. Box Number is Not Acceptable)			
	M BEACH FL 33480		City		FL	Zip Code
Signature of Registered /	Agent // CONCO	REGISTERED AGENT MUST SIGN			Date	
11. Names	s and Street Addresses of Each Manag	<del></del>	eet Address of Ea	ch		enter to the second
Title(s)	Members/Managers		Managing Member/Manage			
MGRM	KEITEL, FREDERICK J 111 230 RO		PALM WAY, STE. 401		PALM BEACH FL 33480	
				90 03/05/0	00135260: 13-01007-006	3 S 0 1 S O . O O
filing th all fees	is reinstatement application the reason	r or the receiver or trustee empowered for dissolution has been eliminated, the aye been paid. The information indicate	limited liability con	npany name satisfies on is true and accura	s the requirements of section 6 te, and my signature shall hav	08.406, F.S., and that e the same legal effect
Signature of Managing M	Member/Manager Jugue	Hell It was	bu tate !	20/03 Da	sytime Phone #561 833	5 0888
yped or pri	nted name of signing Managing Memb	enManager TEXEUK	KENEL	-,111		