


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY</b> <b>REINSTATEMENT</b> <i>UBR</i>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																	
<b>DOCUMENT #</b> <b>1. Limited Liability Company's Name</b> <i>L-5958</i> <b>L &amp; B EVENT PLANNING &amp; COMMUNICATIONS CONSULTANTS LLC</b>		<b>FILED</b> <b>01 NOV 14 PM 12:17</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>																	
<b>2. Principal Office Address</b> <b>623 AUGMAN AVE</b> Suite, Apt. #, etc. <b>ARCHER, FL</b> City & State <b>32618</b> <b>US</b> Zip Country		<b>3. Mailing Office Address</b> <b>P.O. BOX 1065</b> Suite, Apt. #, etc. <b>ARCHER, FL</b> City & State <b>32618</b> <b>US</b> Zip Country																	
		<b>4. State/Country of Formation</b> <b>FLORIDA</b> <b>5. Date Organized or Qualified To Do Business in Florida</b> <b>MAY 24 2000</b> <b>6. FEI Number</b> <b>59-3713226</b> <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>																	
<b>8. Name and Address of Current Registered Agent</b> Name <b>ROBERTA C. LOPEZ MGR</b> Street Address (P.O. Box Number is Not Acceptable) <b>300004702523-1</b> Suite, Apt. #, Etc. <b>-12/03/01--01066--017</b> City <b>*****55.00 *****55.00</b> State <b>FL</b> Zip Code																			
<b>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.</b> Signature of Registered Agent <b>Roberta C. Lopez MGR</b> Date <b>10/22/01</b> REGISTERED AGENT MUST SIGN																			
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><b>MS.</b></td><td><b>ROBERTA C. LOPEZ</b></td><td><b>623 AUGMAN AVE</b></td><td><b>ARCHER, FL 32618</b></td></tr><tr><td></td><td><b>Manager MGR</b></td><td><b>P.O. BOX 1065 - MAILING</b></td><td></td></tr><tr><td colspan="4"><b>NO EMPLOYEES</b></td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	<b>MS.</b>	<b>ROBERTA C. LOPEZ</b>	<b>623 AUGMAN AVE</b>	<b>ARCHER, FL 32618</b>		<b>Manager MGR</b>	<b>P.O. BOX 1065 - MAILING</b>		<b>NO EMPLOYEES</b>			
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<b>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.</b> Signature of Managing Member/Manager <b>Roberta C. Lopez MGR</b> Date <b>10/22/01</b> Daytime Phone <b>(352) 495-3035</b> Typed or printed name of signing Managing Member/Manager <b>ROBERTA C. LOPEZ</b>																			