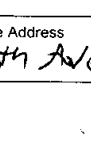


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<p align="center"><b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</p>	<p align="center">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p>
<p align="right">01 DEC -6 PM 3:04</p>			
<p><b>DOCUMENT #</b> L00000005959</p>			
<p><b>1. Limited Liability Company's Name</b></p> <p align="center" style="font-size: 1.2em;">911-PC LLC</p>			
<p><b>2. Principal Office Address</b></p> <p>718 90th Ave N</p>	<p><b>3. Mailing Office Address</b></p> <p>718 90th Ave N</p>		
<p>Suite, Apt. #, etc.</p>	<p>Suite, Apt. #, etc.</p>		
<p><b>City &amp; State</b></p> <p>St Petersburg, FL</p>	<p><b>City &amp; State</b></p> <p>St Petersburg, FL</p>		
<p><b>Zip</b></p> <p>33702</p>	<p><b>Country</b></p> <p>USA</p>	<p><b>Zip</b></p> <p>33702</p>	<p><b>Country</b></p> <p>US</p>
<p><b>4. State/Country of Formation</b></p> <p align="center" style="font-size: 1.2em;">FL/USA</p>		<p><b>5. Date Organized or Qualified To Do Business in Florida</b></p> <p align="center" style="font-size: 1.2em;">5/00</p>	
<p><b>6. FEI Number</b></p> <p align="center" style="font-size: 1.2em;">59-3681034</p>		<p><b>Applied For</b></p> <p>Not Applicable</p>	
<p><b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></p>		<p>\$5.00 Additional Fee required for Certificate of Status</p>	
<p align="center"><b>8. Name and Address of Current Registered Agent</b></p>			
<p>Name Deborah A. Fletcher</p>			
<p>Street Address (P.O. Box Number is Not Acceptable) 718 90th Ave N</p>			
<p>Suite, Apt. #, Etc.</p>			
<p>City St Petersburg</p>			
<p>State FL</p>		<p>Zip Code 33702</p>	
<p><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></p>			
<p>Signature of Registered Agent <i>(Signature)</i></p>		<p>Date 10/15/01</p>	
<p align="center">REGISTERED AGENT MUST SIGN</p>			
<p><b>10. Names and Street Addresses of Managing Members/Managers</b></p>			
<p><b>Titles</b></p>	<p><b>Name of Managing Members/Managers</b></p>	<p><b>Street Address of Each Managing Member/Manager</b></p>	<p><b>City / State / Zip</b></p>
<p>MGR</p>	<p>Deborah A. Fletcher</p>	<p>718 90th Ave N</p>	<p>St Pete, FL 33702</p>
<p align="center" style="font-size: 1.5em;"><b>REINSTATEMENT 2001</b></p>			<p align="center" style="font-size: 1.2em;">Rein 100 UBR 50 <hr/>150</p>
<p><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 debts 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></p>			
<p>Signature of Managing Member/Manager <i>(Signature)</i></p>		<p>Date 10/15/01 Daytime Phone # 727-576-0323</p>	
<p>Typed or printed name of Managing Member/Manager Deborah A. Fletcher</p>			