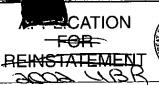
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L00000006035

Name and Mailing Address

FILED 02 DEC 16 AM 9: 20

SECRETARY OF STATE TALL AHASSEE, FLORIDA

0003488 01 FP 0.352 **PRSRT TI 0 0615 33324-301140 Infinite Infinite



2. New Mailing Address City, State, Zip				4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 05/25/2000			
							rincipal Place of Business 8840 SOUTH LAKE DASHA D
PLANTATION FL 33324		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
			Name				
LEMBERGER, GARY 8840 SOUTH LAKE DASHA DRIVE PLANTATION FL 33324			Street Address (P.O. Box Numb		er is Not Acceptable)		
		City		FL Zip Code			
ignature of egistered Agent		SENT) MUST SIGN			Date 12/13/0		
1. Names and Street Addresses of Each Ma							
	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
P LEMBERGER, GARY		8840 SOUTH LAKE DASHA DRIVE		VE	PLANTATION FL 33324		
		-		01320			
		502132914455 05/06/03 40131 039					
			00	100/03	10121 034		
				•			
12. I certify that I am managing member/ma filling this reinstatement application the reall fees owed by the limited liability compass if made under oath. Signature of Managing Member/Manager	naan tar diccalutiaa ha	e haan aliminatan in	e ilmited liability c ted on this applica	tion is true and accu	es the reduitements of section	ave the same legal effect	