## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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С	ED LIABIL OMPANY STATEME				Katherin Secretary	TMENT OF Harris of State or Poration	,		FILED ETARY OF ST OF CORPOR IN -8 AM		
DOCUMENT # L000000 6169  1. Limited Liability Company's Name								UZ J1	an O		
NAPLES ELITE AIBTAR CHEERLEADIN							.L.C.	60	00004 -01/16. ****1!	アアア3; /020102 50.00 **	266 27-012 ***150.00
2. Principal Office Address 3. Mailing Of						5					
2187 TRADE CENTERWAY 2					236 Backwater CT			4. State/Country of Formation			
Suite, Apt. #		<u> </u>	-101 00/1/	Sulte, Apt. #, etc.			FLORIDA  5. Date Organized or Qualified To Do Business in Florida (AF 1) 2 (0.0)				
City & State	~		City & State				To Do Business in Florida 05/23/00  6. FEI Number Applied For				
NAPLES, FLORIDA ZIP COUNTRY			NAPLES, FLORIDA Country			A	59-3645612 Not Applicable				
3410	_ 1	us	A	34119		USF	}	7. CERTIFICATE	OF STATUS DESIRE	55.00 Add for a Co	ditional Fee required ertificate of Status
8. Name and Address of Current Registered Agent											
-	LESLIE A. LEHMANN Street Address (P.O. Box Number is Not Acceptable) 23L0 BACKWATER CT Suite, Apt. #, Etc.  City NAPLES							State Zip Code FL 34119			
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 Date 12/31/01  REGISTERED AGENT MUST SIGN											
10. Name	s and Street Add	resses	of Managing Mem	oers/Managers							
Titles	Name of Managing Members/Managers			75	Street Address of Each Managing Member/ Manager				City / State / Zip		
MGRM	LESLIE A LEHMANN.				236 BACKWATER CT				NAPLE	S, FL	34119
MGR	CYNTH	HA	DAYIS	ON	451	BAY FI	RONT F	L #5203	NAPLE	S, FL	34102
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	D-1110-12-70					FAIT AM			UBR 50 W		
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11. 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 filling this reinstalement 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 fliability 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 PWW W TOWN Date 12/31/0/Daytime Phone # 941-430 - 0000											
Typed or printed name of signing Managing Member/Manager Leslie A-Lehmann											