PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	E SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # レダダダダ 1. Limited Liability Company's Name	ØØØ6758	01 DEC -6 PM 3: 05
CAROSWIPE.NET,	LLC	90000047166690 -12/10/0101083003 *****155.00 *****155.00
2. Principal Office Address	3. Mailing Office Address	
238 N. WESTMONTE DR.		4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	PLOMDA
SUITE 260 Dity & State		5. Date Organized or Qualified To Do Business in Florida 9/27/2000
MTAMONTE SPRINGS	City & State	6. FEI Number Applied For
32714 Country SEMINOLE	Zip Country	7- CERTIFICATE OF STATUS DESIRED COMPACTIFICATE OF STATUS DESIRED
	8. Name and Address of Current Regis	
Suite, Apt. #, Etc. City A. CTAMONTE	OLACCEPTABLE)	State Zip Code
Registered Agent	GISTERED AGENT MUST SIGN	$\frac{1\sqrt{3}/01}{2}$
IO. Names and Street Addresses of Managing Mer	nbers/Managers	
Titles Name of Managing Members/Manage	ers Street Address of Ea Managing Member/Ma	inager City / State / Zip
Titles Managing Members/Manage	VITP SZG SPMNC C	WB DA ALTAMONTE SPES FL
60 Magairie	EVITT 529 SPAING CI	LUB DR ALTAMONTESPECS, FL 32
LACK WALTON) 1374 CHEBON	COURT APOPHAN, PL 32712
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	FRIENT DAA!	CURK 50 CUS 5
REINSTAT	EMENI <u>acol</u>	155 MC
ing this reinstatement application the reason for	dissolution has been eliminated, the limited lightitiv on	pplication as provided for in chapter 608, F.S. I further certify that when mpany name satisfies the requirements of section 608.406, F.S., and that on is frue and accurate, and my signature shall have the same legal effect
ignature of anaging Member/Manager	EGN/ Date 1	13/01 Daytime Phone # F07 - 389 - 1100
ped or printed name of signing Managing Member/	Manager GROMME E. DE	₽Vr07

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