

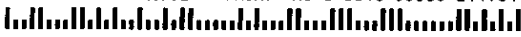
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
**L00000008111**

FILED  
 03 FEB 11 PM 12:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L0000008111  
 Name and Mailing Address

0011078 01 FP 0.352 \*\*PRSR H3 0 0615 33980-211701  
  
 2 FISH, L.L.C.  
 4336 TAMIAMI TRAIL  
 UNIT #1  
 PORT CHARLOTTE FL 33980-2117



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4336 TAMIAMI TRAIL UNIT #1 PORT CHARLOTTE FL 34288		5. Date Organized or Qualified To Do Business in Florida 07/10/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1023146	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent POISSON, JEFFREY J 1646 KIRKWOOD STREET NORTH PORT FL 34288		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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: Jeffrey J. Poisson Date: 02/07/03  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	POISSON, JEFFREY J	<del>1646 KIRKWOOD STREET</del> 6498 SCOTSDALE ST	<del>NORTH PORT FL 34288</del> PUNTA GORDA, FL 33955

12. 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.  
 Signature of Managing Member/Manager: Jeffrey J. Poisson Date: 02/07/03 Daytime Phone #: 941-766-7007  
 Typed or printed name of signing Managing Member/Manager: JEFFREY J. POISSON

CR2E084 (8/02)

REINSTATEMENT 02-03

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 02/11/03 01025 025 \*\*200.00