


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L-11046		01 OCT 22 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name Orlando Like A Pro, LLC		REINSTATEMENT 2001	
2. Principal Office Address 1000 Universal Studios Plaza Suite, Apt. #, etc. Building 22A, Suite 250 City & State Orlando, FL 32819 Zip 32819 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 9/13/2000	
6. FEI Number 59-374 2274		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$500 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name William L. Whitacre			
Street Address (P.O. Box Number is Not Acceptable) 1000 Universal Studios Plaza			
Suite, Apt. #, Etc. Building 22A Suite 250			
City Orlando			
State FL			
Zip Code 32819			
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 William L. Whitacre			
Date 10/17/01			
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Rick Pamplin	1000 Universal Studios Plaza Bldg 22A Suite 250	Orlando, FL 32819
MGR	William L. Whitacre	1000 Universal Studios Plaza Bldg 22A, Suite 250	Orlando, FL 32819
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 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 Dele			
Date 10/17/01			
Daytime Phone # 407 224-6671			
Typed or printed name of signing Managing Member/Manager			

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