

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathrine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 00000012122			
1. Limited Liability Company's Name STUART ARCHES LLC			
2. Principal Office Address 2502 SE. WILLOUGHBY BLVD Suite, Apt. #, etc.		3. Mailing Office Address None Suite, Apt. #, etc.	
City & State STUART, FL		City & State	
Zip 34994	Country USA	4. State/Country of Formation FLORIDA / MARTIN	
		5. Date Organized or Qualified To Do Business in Florida Oct. 4, 2000	
		6. FEI Number 65-1044749	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name JEFFREY D CHAMBERLIN			
Street Address (P.O. Box Number is Not Acceptable) 2502 S.E. WILLOUGHBY BLVD			
Suite, Apt. #, Etc.			
City STUART		State FL	Zip Code 34994
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 <i>[Signature]</i>		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
MEMBER	JEFFREY D. CHAMBERLIN	461 SW. PINETREE LAKE	PALM CITY, FL 34990
MEMBER	DAVID CHESNUT	215 S. FEDERAL HWY. #100	STUART, FL 34994
REINSTATEMENT <u>01</u> 11/28/01			
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 <i>[Signature]</i>		Date 10/17/01	
Typed or printed name of signing Managing Member/Manager JEFFREY D. CHAMBERLIN		Daytime Phone # 561-220-4096	

CR2E041 (9/01)