

12/31/2002 14:47 FAX 407 841 8746

Division of Corporations

ARNOLD, MATHENY & EAGAN, P.A.

Page 003 of 1

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : 120000000141
Phone : (407) 841-1550
Fax Number : (407) 841-8746

12/31

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

DR FOUR BEAT ALLIANCE LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$150.00

02 DEC 31 AM 3:29

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DIVISION OF CORPORATION

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ARNOLD, MATHENY, & EAGAN,

004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

HO2000242819 9
APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. DOCUMENT # L00000015622

Name and Mailing Address

0008337 01 FF 0.352 **PRST TS 0 0615 34491-601301

DR FOUR BEAT ALLIANCE LLC

17401 S.E. COUNTY ROAD 475

SUMMERFIELD FL 34491-6013

REINSTATEMENT

2002



2. New Mailing Address 801 N. Magnolia Avenue, Suite 201 (Attn: A. Louv) City, State, Zip Orlando, FL 32803		4. State/Country of Formation FL	
Principal Place of Business 17401 S.E. COUNTY ROAD 475 SUMMERFIELD FL 34491		5. Date Organization Qualified To Do Business in Florida 12/15/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3688044 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32802		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 additional fee required for Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: <i>Jim Arnold, Matheny & Eagan P.A.</i> Date: <i>12/31/02</i> 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
MGR	BIEMER, MICHAEL A	17401 S.E. COUNTY ROAD 475	SUMMERFIELD FL 34491
REINSTATEMENT 2002			
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 608.408, 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: <i>12/31/02</i>	Daytime Phone #: <i>407-841-1550</i>
Typed or printed name of signing Managing Member/Manager		HO2000242819 9	