PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L0000015622

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Mailing Address					State/Country of Formation FL			
City, Stäte, Zip					Date Organized or Qualified To Do Business in Florida 12/15/2000			
Principal Place of Business 3. New Principal Place o			usiness Address 6. FEI N		nber 59-3688044		Applied For	
(ATTN: A. LOUV) ORLANDO FL 32803		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
8. Na m	e and Address of Current	Registered Agent		9. Name and A	ddress of New Registe	ered Agent		
ADNOLD MA	THENY & EAGAN D	Name						
ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32802			Street Address (P.O. Box Number is Not Acceptable)					
		City	FL Zip			o Code		
Signature of Registered Agent	RE	GISTERED AGENT MUST SIGN Member/Manager	<u> </u>		Date 10/2	(102		
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip			
MGR SIEMER, MICHAEL A		17401 S.E.	17401 S.E. COUNTY ROAD 475		SUMMERFIELD FL 34491			
				40 10/31/0	0024331 301047008	894 **300	1.00	
						03	C	
L2. I certify that I am ma	anaging member/manager or	the receiver or trustee empowered dissolution has been eliminated, the	d to execute this ap	oplication as provide	ed for in chapter 308, F	7. I further o	ertify that when	