


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 MAR 21 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L00000015836

1. Limited Liability Company's Name
South Seas, L.L.C.

REINSTATEMENT

2001-2002

2. Principal Office Address 2545 S. Atlantic Ave. Suite, Apt. #, etc. Penthouse 5 City & State Daytona Beach Shores, Fl Zip 32118		Country USA		3. Mailing Office Address 2545 S. Atlantic Ave. Suite, Apt. #, etc. Penthouse 5 City & State Daytona Beach Shores, Fl Zip 32118		Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/20/00	
6. FEI Number 59-3701610	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Derek E. Bruce		300005171073--6	
Street Address (P.O. Box Number is Not Acceptable) 301 East Pine Street		-03/27/02--01016-012 ****205.00 **** 205.00	
Suite, Apt. #, Etc. #1400			
City Orlando		State FL	Zip Code 32801

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 *[Signature]* Date March 19, 2002

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	William A. Eadie	2545 S. Atlantic Ave. Penthouse 5	Daytona Beach Shores, Fl 32118

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 *[Signature]* Date 19 MAR 02 Daytime Phone # (321) 696 1117

Typed or printed name of signing Managing Member/Manager William A. Eadie

CR2E041 (9/01)