PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### TALL AHASSEE, FLORIDA To Company's Name Asset Company's Name Asset Company Asset Company Comp	COMPANY REINSTATEMENT		Katherine Harris Secretary of State Division of Corporations		FILED OI DEC 17 PM 2: 35		
Suite, Apt. #, etc. Suite, Ap	1. Limited	d Liability Company's Name			TÀ	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
City & State LEESBURG, FL LEESBURG, FL LEESBURG, FL Zo 34.748 Country 34.748 Country 7. CERTIFICATE OF STATUS DESIRED Street Address (PO. Box Number is Not Acceptable) 16.6 S 14TH STREET Suite, Agit, #, Etc. City LEESBURG Street Address of Current Registered Agent Suite, Agit, #, Etc. City LEESBURG FL Suite, Agit, #, Etc. City REGISTERED Aggriff yous i sign REGISTERED Aggriff yous i sign REGISTERED Aggriff yous i sign Street Address of Chapter food, F.S. Itignatury, of Registered Agent REGISTERED Aggriff yous i sign REGISTERED Aggriff yous i sign Street Address of Each Murraging Member/Managers Street Address of Each Murraging Member/Managers Tales Murraging Member/Managers Street Address of Each Murraging Member/Managers Tales Murraging member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify, first when fing this reinstatement application the reason for dissolution has been eliminated, the limited finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the immedia finality				· ,		ntry of Formation]
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JONES, GARY L Street Address (P.O. Box Number is Not Acceptable) 12/26/01-01063-029 1616 S 14TH STREET \$*****150.00 ******150.00 1616 S 14TH STREET \$*****150.00 *******150.00 1616 S 14TH STREET \$*****150.00 *******150.00 1616 S 14TH STREET \$*******150.00 *******150.00 1616 S 14TH STREET \$******150.00 **********************************			8. Name an	nd Address of Current Registe	red Agent		J
Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Manager Nam	Signatur) of	Street Address (PO. Box Number is No 1616 S 14TH STREET Suite, Apt. #, Etc. City TEESBURG appointed the Agistered agent of the above Agent	ve ns/led limited ilability	· 		-12/26/0101069023 *****150.00 *****150.00 State	CR2E041 (9/01)
MGRM — FBROWNE-GREGG . 1616—S-14TH—STREET . LEESBURG, FL 34748 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 fling this reinstatement application the reason for dissolution h/s been eliminated, the limited flability company name satisfies the requirements of section 608.406, F.S., and that as if made under oath. Date #//5/o/	10. Name	es and Street Addresses of Managing Mem	nbers/Managers				l H
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 hys been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that an itees owed by the timited liability company have been paid in he 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 Date #/s/o/ Daytime Phone # 352-365-6522	Titles			Street Address of Each Managing Member/Manager		City / State / Zip	
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