2001 - 2002 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

LIMITED LIABILITY FLO		
COMPANY REINSTATEMENT	ORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  02 JAN -7 AM 9: 33
DOCUMENT # LCCCCCO16	207	UZ JWI
1. Limited Liability Company's Name		<b>7000047780278</b> -01/16/0201046012
INSEALATORS OF ORLAND	DOILLC	-01/16/8201046012 ****200.80 ****200.80
	9/28/01	7000047780278 -01/16/0201046013 ******5,08 *******5,00
2. Principal Office Address 3. N	Mailing Office Address	***************************************
424 E. Central Blvd. 40	24 E. Cuntral Blvd.	4. State/Country of Formation
	e, Apt. #, etc.	FL/ Collier
St.350	H.350	5. Date Organized or Qualified To Do Business in Florida  2 22 01
	& State	T Table 4 Con
-Arlando-F	clandoif	6. FEI Number Applied FO
Zip Country Zip	Country	7. \$5,00 Additional Fee required
32801 Drange 3	32801 Orange	CERTIFICATE OF STATUS DESIRED To a Certificate of Status
8. Name and Address of Current Registered Agent		
Name		. (
Brandt 1.	Modyn	
Street Address (P.O. Box Number is Not Acce	eptable)	
424 E. CLATT	al biva	
Suite, Apt. #, Etc.		
City _		State Zip Code
Orlando		FL   32.801
9. I, being appointed the registered agent of the above name	med limited liability company, am familiar with and	accept the obligations of Chapter 608, F.S.
1/02/02		
Company of the company		1/02/02
Signature of Registered Agent	EDED AGENT MIRESIGN	Dete 1 02 02
Designated Appet	ERED AGENT MUSTISIGN	Deto 1 02 02
Designated Appet	Managers	
Registered Agent REGISTS  10. Names and Street Addresses of Managing Members/Name of		ch City / State / Zip
Registered Agent REGISTS  10. Names and Street Addresses of Managing Members/Name of	Managers Street Address of Ea Managing Member/Mar	Date 1 02 02
Registered Agent REGISTS  10. Names and Street Addresses of Managing Members/Name of	Managers Street Address of Ear	ch ager City/State/Zip PI. Longwood, FC 32779
Registered Agent REGISTS  10. Names and Street Addresses of Managing Members/Name of	Managers  Street Address of Ear Managing Member/Mar  486 N. Pin Ook #100	ch ager City / State / Zip P1. Longwood, FL 32779
Registered Agent REGISTS  10. Names and Street Addresses of Managing Members/Name of	Managers  Street Address of Each Managing Member/Man	ch ager City / State / Zip P1. Longwood, FL 32779
Registered Agent  REGISTS  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers  Pres Shunnon Modul	Managers  Street Address of Ear Managing Member/Mar  486 N. Pin Ook #100	ch ager City / State / Zip P1. Longwood, FL 32779
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Registered Agent  REGISTS  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers  Pres Shunnon Modul	Managers  Street Address of Ear Managing Member/Mar  486 N. Pin Ook #100	ch ager City / State / Zip P1. Longwood, FL 32779
REGISTS  10. Names and Street Addresses of Managing Members/Managing Members/Managers  Pres Shunnon Modul  VP Brank Modul  REINST	Street Address of Ear Managing Member/Mar 486 N. Pin Oak #100 486 N. Pin Oak Pin Oak	City/State/Zip  P1. Longwood, FL 32779  Longwood, FL 32779  Rein 100.  01088 50  02088 50  02088 50  02088 50
Registered Agent  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers  Pres Shunnon Modul  VP Brankt Modul  REINST	Street Address of Ear Managing Member/Mar  486 N. Pin Ook #100  486 N. Pin Ook F	City / State / Zip  P1. Longwood, FL 32779  Longwood, FL 32779  Rew 100  01088 50  02088 50  02088 50  02088 50  02088 50  O2088 50  O2088 50  O2088 50
REGISTS  10. Names and Street Addresses of Managing Members/  Titles Name of Managing Members/ Managers  Pres Shunnon Modul  VP Brank Modul  REINST  I certify that I am managing member/manager or the filing this reinstatement application the reason for disso all fees owed by the limited liability company have been	Street Address of Ear Managing Member/Mar  486 N. Pin Ook #100  486 N. Pin Ook F	City / State / Zip  P1. Longwood, FL 32779  Longwood, FL 32779  Rew 100  01088 50  02088 50  02088 50  02088 50  02088 50  O2088 50  O2088 50  O2088 50
Registered Agent  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers  Pres Shunnon Modul  VP Brankt Modul  REINST	Street Address of Ear Managing Member/Mar  486 N. Pin Ook #100  486 N. Pin Ook F	City / State / Zip  PI. Longwood, FL 32779  Longwood, FL 32779  Run / Oo.  O 10 BR 50  O 20 BR 50  O 20 BR 50  Oplication as provided for in chapter 608, F.S. I further certify that when meany name satisfies the requirements of section 608.406, F.S., and that on is true and accurate, and my signature shall have the same legal effect.
REGISTS  10. Names and Street Addresses of Managing Members/ Titles Name of Managing Members/ Managers  Pres Shunnon Modul  VP Brank Modul  REINST  I certify that I am managing member/manager or the filling this reinstatement application the reason for disse all fees owed by the limited liability company have been as if made under oath.	Street Address of Ear Managing Member / Mar 486 N. Pin Ook # 100 A # 1	City / State / Zip  P1. Longwood, FL 32779  Longwood, FL 32779  Congwood, FL 32779  Co
Titles Names and Street Addresses of Managing Members/  Titles Managing Members/ Managers  Pres Shunnon Modu  Pres Shunnon Modu	Street Address of Ear Managing Member/Mar  486 N. Pin Oak  #100  All N. Pin Oak  #100  receiver or trustee empowered to execute this application has been eliminated, the limited flability compaid. The information indicated on this application.  Date	City / State / Zip  PI. Longwood, FL 32779  Longwood, FL 32779  Rev / 100.  OLUBR 50  OLUBR 50  OLUBR 50  Oplication as provided for in chapter 608, F.S. I further certify that when meanly name satisfies the requirements of section 608.406, F.S., and that on is true and accurate, and my signature shall have the same legal effect  12/02 Daytime Phone# 321-228-4553