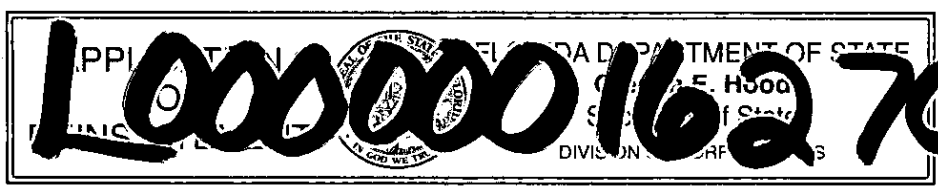


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED  
03 OCT 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000016270  
Name and Mailing Address

0015053 01 AB 0.301 \*\*AUTO T6 2 0615 32640-421021  
GENERAL AMALGAMATED, LLC  
1521 BADEN POWELL RD  
HAWTHORNE FL 32640-4210



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/28/2000	
Principal Place of Business 1521 BADEN POWELL RD HAWTHORNE FL 32640	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KUNTZ, DAVID L JR 1511 BADEN POWELL RD HAWTHORNE FL 32640	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 David L Kuntz **REGISTERED AGENT MUST SIGN** Date 14 OCT 03

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	KUNTZ, DAVID L JR	1511 BADEN POWELL RD.	HAWTHORNE FL 32640
700023960297 10/21/03--01020--007 **150.00			
REINSTATEMENT <u>03</u> dca			

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 608.406, 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 David L Kuntz Date 14 OCT 03 Daytime Phone # 352-473-8222

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)