2004 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT				E1.	
DOCUMENT # L01000000494				" "LFN	
Entity Name CEO DEVELOPMENT, LLC				V4 NOV-E	
000000	2201 W2117, 220			04 NOV -5 PM 1:09 ECRETARY OF STATE LAHASSEE. FLORIDA	
Principal Place	of Rusiness	Mailing Address	- VA	LAHASEL OF CT.	
18401 MURDOCK CIRCLE		18401 MURDOCK CIRCLE		SEE, FLORIE	
PORT CHARLO	TTE, FL 33948	PORT CHARLOTTE, FL 3:	3948		
2. Principal Place of Business		3. Mailing Address			
					vill abili usili utalu taih ulukul ki lari
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11012004 REIN-LLC	CR2E101 (6/04)
City & State		City & State		4. FEI Number 04-3626768	Applied For Not Applicable
Zip	Country	Zip .	Country	5. Certificate of Status Desired	S5.00 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg	- Fee Hequired
/ / Name					
	, MICHAEL R RDOCK CIRCLE	// //	(P.O. Box Number is Not Acceptable)		
PORT CHARLOTTE, FL 33948					
			City		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
the obligations of registered agent?					
SIGNATURE: Signature, typed or prifited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Make check payable to					
	NOW!!! FEE IS \$150.00 ary 1, 2005, Fee will be \$200.00			Į.	Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CF	HANGES
	MGR MCKINLEY, MICHAEL R	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	18401 MURDOCK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP TITLE	PORT CHARLOTTE, FL 33940	□ Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME		LJ Delete	NAME		C1 Sukinite C1 Apprings
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	· .	☐ Change ☐ Addition
NAME STREET ADDRESS		ાં જ કર ે છે. છે. છે	NAME STREET ARE	ENT 2004	
CITY-ST-ZIP			DIMICH	ALMS ZUU	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP		Change Addition
NAME		□ Delete	NAME	1000425 11/09/0401088-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	11/09/04 - -01088-	002 **150.00
TITLE	1 1 Therefore	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS	•		NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the					
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 11/2/0 4 941-627-1000 Dougtime Prome #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dete Desystems Proce #					