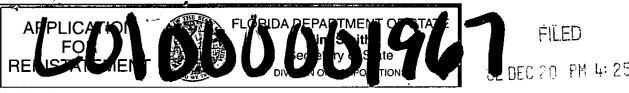
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000001967

Name and Mailing Address

SECRETARY OF STATE TALLAHASSEE, FLORIDA

700009223397 11/26/02--01051--002 \*\*150.00



| 2. New Mailing Address  |  |  | 4. State/Country of Formation  |                                  |                               |  |
|---|--|--|--|----------------------------------|-------------------------------|--|
| * City, State, Zip  |  |  | FL<br>-5. Date Organized or Qualified  |                                  |                               |  |
| 1   |  |  | To Do Business in Florida 02/05/2001   |                                  |                               |  |
| Principal Place of Business 3637 EAGLE AVENUE   | 3. New Principal Place of Business Address |  | 6. FEI Number 52 - 2337184   |                                  | Applied For<br>Not Applicable |  |
| KEY WEST FL 33040   | City, State, Zip                           |  | 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status |                                  |                               |  |
| 8. Name and Address of Current Registered Agent   |  |  | 9. Name and Address of New Registered Agent  |                                  |                               |  |
| Nam   |  |  | Name   |                                  |                               |  |
| MITCHELL J. COOK, P.A.<br>3706 N. ROOSEVELT BOULEVARD - SUITE I<br>KEY WEST FL 33040  |  | Street Address (P.O. Box Number is Not Acceptable)         |  |                                  |                               |  |
|   |  |  |  |                                  |                               |  |
|   |  | City FL Zip Code   |  |                                  | Zip Code                      |  |
| 10. I, being appointed the registered agent of the  | above named limited liability company,     | am familiar with a   | nd accept the obli   | gations of Chapter 608, F.S.     |                               |  |
| Signature of Registered Agent M tolking   | EGISTERED AGENT MUST SIGN                  |  | and the second second second   | Date _/2/13/0                    | 2                             |  |
| 11. Names and Street Addresses of Each Managing Member/Manager  |  |  |  |                                  |                               |  |
|   |  | eet Address of Each City / State / Zip ging Member/Manager |  |                                  |                               |  |
| MGRM- BERNAPO EXMAN 3631  |  | Engle  | Ave  | Key West                         | F/-33040                      |  |
|   |  |  |  |                                  |                               |  |
|   |  |  |  |                                  |                               |  |
|   |  |  |  |                                  |                               |  |
|   |  |  |  | \                                |                               |  |
| 12. I certify that I am managing member/manager filing this reinstatement application the reason for all fees owed by the limited liability company has if made under oath. | or dissolution has been eliminated, the    | limited liability com                                      | pany name satisfi  | es the requirements of section ( | 608.406, F.S., and that       |  |

Signature of

Vianaging (viernber) was lager

Date 1/20/02 Daytime Phone # 305 304 238

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