04/23/2004 14:56 FAX

APPROVED AND FILED 002

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000003161

1. Limited Liability Company's Name

LAZY Q RANCH, LLC

3141

REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
~~[illegible]~~ NW 128th Ave.	P.O. Box 1214
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Cortez, FL
Zip: 34972 Country: USA	Zip: 34215 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/01/01

6. FEI Number: 651085912 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: CLASP Inc.

Street Address (P.O. Box Number is Not Acceptable): 3001 Tamiami Trail North

Suite, Apt. #, Etc.: 4th Floor

City: Naples State: FL Zip Code: 34103

9. I hereby appointed the registered agent of the above named limited liability company. I am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: CLASP Inc. By: Joel Schachter REGISTERED AGENT MUST SIGN Date: April 23, 2004

President

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Stephan A. Orlando	2251 NW 128th Ave.	Okeechobee, FL 34972

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 has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: [signature] Date: 4.21.04 Daytime Phone #: 941-727-9595

Types or printed name of signing Managing Member/Manager: Stephan A. Orlando, Manager

Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

LAZY O RANCH, LLC

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