PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED



LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 NOV -8 PM T: 29

SECRETARY BE STATE TALLAHASSEE FLORIDA

DOCUMENT #	1.01000004700
TACK ALIMIENT #	1 0 1000004790

1. Limited Liability Company's Name

• Limited	Liability Company's Nat	me			۲					
Way	yne McCooeye	e, L.L.C.			~					
		Office Address	adise Plaza		ntry of For	nation				
		#, etc.			4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 03/28/01					
#122 #122										
· · · · · · · · · · · · · · · · · · ·		City & Stat	& State arasota FL		6. FEI Number 651106761 Applied For Not Applied be					
Zip	Country			Country		0011	00701	Not	Applicable	
34239	1 -	34239		USA	7. CERTIFICATI	E OF STATE		00 Additional (or a Certificate		
		8.	Name and Add	dress of Current Reg	istered Agent					
	Name Clifford M. King									
	Street Address (P.O	Box Number is Not Acceptable	" 2033 Ma	ain Street			· · · · ·			
	Suite, Apt. #, Etc.	#303		-	-					
	City Sarasota	<u></u>				State FL	Zip Code 34237			
Signature of Registered	Agent	REGISTERED s of Managing Members/Manag	AGENT MUST S	G N		Date	11/03/04			
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager		City / State / Zip				
мвем	Wayne McCooeye		15 Parac	15 Paradise Plaza #122		Sarasota, FL 34239				
		·								
							00042561717 8/04-01054-029 **200.00			
				1:9, 3622 9			20	703		
					NSIAI			2004		
filing t all fee	this reinstatement applica	nember/manager or the receiver ation the reason for dissolution h bility company have been paid.	as been eliminate	ed, the limited liability of	company name satisfic	es the requ	irements of section	608.406, F.S.,	and that	
Signature of Managing I	of Member/Manager	~ N Couge	 -	Date	11/3/04	Daytime P	hone# (941) 30	2-6019		
Typed or p	rinted name of signing N		Vayne McCo	ooeye				<u>.</u>		