PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2007 APR 30 AM 10: 19
DOCUMENT # L0100004906 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
TURK FAMILY VENTURE, L.L.C.		
2. Principal Office Address - No P.O. Box # 301 N. Interlachen Ave.	3. Mailing Office Address 301 N. Interlachen Ave.	CR2E041 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State/Country of Formation FLORIDA
C: 8 6	0.00	5. Date Organized or Qualified To Do Business in Florida 03/29/2001
Winter Park, FL	Winter Park, FL	6. FEI Number 593749550 Applied For Not Applicable
32789-3807 USA	32789-3807 ÜSA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of	f Current Registered Agent	
Thomas C. Shaw		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable) A., 430 N. Mills Ave.		in circumstances which the entity did not receive the prior notices. By checking this
Suite, Apr. #, Etc. Suite 4		box, you are certifying the prior notices were not received and requesting the \$100
Örlando State 32803		reinstatement be waived.
9. 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 Date 4-23-07 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Each	
MGR Dale J. Turk		en Ave. Winter Park, FL 32789-3807
More Balo C. Tark	OOT 14. ITROHACIN	400101874704
		65/09/0701006014 **150.00
	DIE WAKE TO	אופשיופ אוזר ה ב
		MEMENT 05-07
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 608.406, 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 Date 4.11.200 Daytime Phone# 407.341.4929		

Typed or printed name of signing Managing Member/Manager Dale J. Turk, Manager