

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 21 AM 10:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000005888

Name and Mailing Address

0000908 01 FP 0.352 **PRSR T3 0 0615 32819-431743



PRIVATE LABEL BROKERS INTERNATIONAL, L.L.C.
5943 MASTERS BLVD.
ORLANDO FL 32819-4317

MJH



11/21 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip.		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 5943 MASTERS BLVD. ORLANDO FL 32819 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/12/2001	
6. FEI Number 491-50-1533		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PETERSON, RONALD A 5943 MASTERS BLVD. ORLANDO FL 32819		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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: <u>RONALD A. PETERSON</u> Date: <u>11/18/02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RONALD A. PETERSON 5943 Masters Blvd. Orlando, FL 32819	500009154425 11/21/02--01098--003 **150.00	

12. 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: [Signature] Date: 11/18/02 Daytime Phone # 407-909-0665

Typed or printed name of signing Managing Member/Manager