

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP 21 PM 12:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

400040580914
08/27/04--01041--001 **155.00

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida 04/17/2001

6. FEI Number <u>651095348</u>	Applied For Not Applicable
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7. **CERTIFICATE OF STATUS DESIRED** **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name Nicholas B. Foley Date 09/23/04 ID 01054-001 **50.00

Street Address (P.O. Box Number is Not Acceptable) 1410 S. Elmwood Ct #400040580914

Suite, Apt. #, Etc.

City **Orlando** State **FL** Zip Code **32836**

Spanned the foregoing certificate, I am a limited liability company, am familiar with and accept the conditions of Chapter 360, I.C.

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles **Name of Managing Members/Managers** **Street Address of Each Managing Member/Manager** **City / State / Zip**

MGR Nicholas Foley 1000 E. Robinson St., Ste A Orlando, FL 32801

REINIGER, A. EXHIBIT 2003-04

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 MM/9 Date 8/24/04 Daytime Phone # 467-839-0190

Typed or printed name of signing Managing Member/Manager Nicholas B. Toley