PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIABI OMPANY ISTATEM	,)	Secretar	TMENT y of State corporati	OF STATE		Grania Francis I					
DOCUMENT # L01000007138									2004 SEP -9 ₽ 4: 17					
1. Limited Liability Company's Name King Solomon's Finds, LLC								SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Office Address 248-50-01 d 41 Road - 3. Mailing					Office Address -S-RM-E			4. State/Cour	itry of Formation				7	
Suite, Apt. #		<u> </u>	Suite, Apt. #, etc.				5. Date Organized or Qualified (_ (_ (
City & State Bonita Springs FL				City & State	City & State				6. FEI Number 65-1101373 Applied For					
zip 34	zip 34135 Country U.S			Zip Country				7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status						
8. Name and Address of Current Registered Agent													-	
	Suite, Apt. #	, Etc.	n Kopk Box Number is N 50 Old Lite 18 a Sprii	ot Acceptable) HIRO	500041325555 09/24/0401068001 **250. 30									
9. I, being a Signature of Registered A	appointed the		hagent of the abo	ive named limits	d liability co		amiliar with an	d accept the obligat	ions of Chapter 60	4135 08, F.S. - 2-0	¥		CR2E041 (10/02)	
10. Name:	s and Street A	dresses	of Managing Mer	nbers/Managers	3								1	
Titles		anaging i	Name of Members/Manag	ers				ager City / State / Zip						
MGRM	Peggy Gates				4940	6 West	che ster	· Ct. #3803	Naples	FL 34	105			
MERM	Ronal	d K	opko	··	2485	0 01d	41 Rd S	te. 18	Bonita S	springs	FĹ	34135		
					THE STATE OF THE				FO-80 UNATED ACT					
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 filling 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 9-2-0-4 Daytime Phone 39-898-2520 Typed or printed name of signing Maraging Member/Manager														