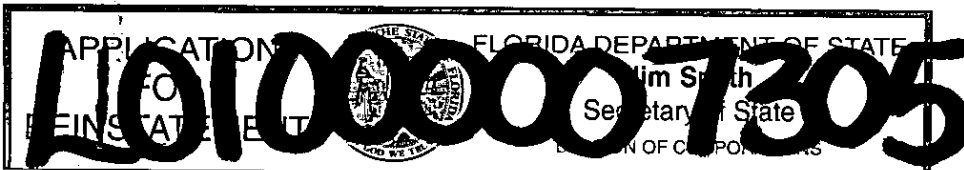


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV 13 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007305

Name and Mailing Address

0011599 01 SP 0.370 \*\*SNGLP

0615 33573

TUBOLT, LLC  
1401 NORTH PEBBLE PEACH BLVD  
SUN CITY CENTER FL 33573



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1401 NORTH PEBBLE PEACH BLVD SUN CITY CENTER FL 33573		<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/03/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> HINES JR, JAMES P 315 S HYDE PARK AVENUE TAMPA FL 33606		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>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.</b> Signature of Registered Agent <i>[Signature]</i> Date 11-6-02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CLARK, ROBERT G	1401 N PEBBLE BEACH BLVD	SUN CITY CENTER FL
		700008962937 11/13/02--01039--003 **150.00	
		REINSTATEMENT <i>[Signature]</i>	

CR2E084 (8/02)

**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

Date 11-04-02

Daytime Phone # 813-634-7204

Typed or printed name of signing Managing Member/Manager