L01000007352 1. DOCUMENT #

Name and Mailing Address

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

0001421 01 FP 0.352 **PRSRT T5 0 0615 33045-552727 ladbaddillandalahdaladaladadillanlahdaadlaadl THE FRIEDLANDER LAW FIRM, P.L.C. P.O. BOX 5527 KEY WEST FL 33045-5527



Z. New Mailing Address				4. State/Country of Formation		
City, State,	Zip		THE STATE A SA	FL 5. Date Organ To Do Busin	ized or Qualified	05/09/2001
Principal Place of Business P.O. BOX 5527 KEY WEST FL 33045		3. New Principal Place of Business Address		6. FEI Number 651100998		Applied For
						Not Applicable
		City, State, Zip		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Current I	Registered Agent	Manager Control of the Control of th	9. Name and A	ddress of New Registered A	Agent
941	RPORATE CREATIONS NETWO FOURTH STREET #200 MI BEACH FL 33139	DRK INC.	Name Willia Street Address 1824	1	EDLANDER is Not Acceptable) Ave	
	The state of the s	We have the over an income and the control of	City 0		FL	Zip Code 3 3040
Signature of Registered A	AgentRE	GISTERED AGENT MUST S	SIGN		Date <u> </u>	7 2-
Names	and Street Addresses of Each Managing	Member/Manager		 ,		
Title(s)	Name of Managing Members/Managers	Street Address of Eac Managing Member/Man			City / State / Zip	
MGRM	FRIEDLANDER, WILLIAM A	P.O.	P.O. BOX 5527		KEY WEST FL 33045	
				10/31/0	ĴŪŪ873392 }201110006 *	26 **155.00
			REINSTATEMENT 2002			<u>, </u>
					O	•
2. I certify filing this all fees of as if ma	that I am managing member/manager or s reinstatement application the reason for d swed by the limited liability company have de under oath.	the receiver or trustee empo issolution has been eliminat been paid. The information in	owered to execute this appead, the limited liability comp ndicated on this application	plication as provided pany name satisfies is true and accurate	I for in chapter 608, F.S. I fun the requirements of section 60 a, and my signature shall have	ther certify that when 08.406, F.S., and that the same legal effect

Signature of

Managing Member/Manager

Date 10-28-0> Daytime Phone # 305-294-300>