


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 MAY 18 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/17/04--01083--007 **200.00

DOCUMENT # L01000007815

1. Limited Liability Company's Name

Twelfth Avenue Financial Services, LLC

2. Principal Office Address 6755 Approach Road Suite, Apt. #, etc.		3. Mailing Office Address 6755 Approach Road Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34238	Country USA	Zip 34238	Country USA

4. State/Country of Formation -FL	
5. Date Organized or Qualified To Do Business in Florida May 15, 2001	
6. FEI Number 651105704	Applied For Not Applicable
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		
Name Gloria J. Windel		
Street Address (P.O. Box Number is Not Acceptable) 14567 Fruitville Road		
Suite, Apt. #, Etc.		
City Sarasota	State FL	Zip Code 34240

9. 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 Gloria J. Windel Date 5/11/2004

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
Mgn. Mbr.	Gloria J. Windel	14567 Fruitville Road	Sarasota, FL 34240

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 Gloria J. Windel Date 5/11/2004 Daytime Phone # 941-322-1956

Typed or printed name of signing Managing Member/Manager Gloria J. Windel

CR2E041 (10/02)