

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LO1000008026

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 MAR 20 AM 11:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Limited Liability Company's Name **LO1000008026**
L+H HONEYBELLS, L.L.C.

900014386719
03/20/03--01009--009 **200.00

2. Principal Office Address
498 LANFAIR AVE
Suite, Apt. #, etc.
City & State
SEBASTIAN, FL
Zip Country
32958 INDIAN RVR

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida
04/19/01

6. FEI Number
65-1106531
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

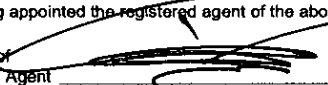
Name
SAM BILMORE

Street Address (P.O. Box Number is Not Acceptable)
498 LANFAIR AVE.

Suite, Apt. #, Etc.

City State Zip Code
SEBASTIAN FL 32958

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  Date **3-18-03**

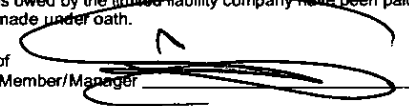
REGISTERED AGENT MUST SIGN

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
MGRM PRT	SAM BILMORE	498 LANFAIR AVE.	SEBASTIAN, FL 32958
MGRM PRT	STEPHEN C. HALE, JR.	500 INDIAN HARBOR RD.	VERO BEACH, FL 32963

REINSTATEMENT **2002-03**

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  Date **3-18-03** Daytime Phone # **772-493-1144**

Typed or printed name of signing Managing Member/Manager **SAM BILMORE / MANAGING MEMBER**

CR2E041 (10/02)