

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000008277

FILED

1. DOCUMENT # L01000008277

Name and Mailing Address

02 NOV -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000871 01 FP 0.352 **PRSRT T3 0 0615 32811-355140



MERIT BADGES INTERNATIONAL L.L.C.

5301 CONROY RD, STE 140

ORLANDO FL 32811-3551

900008879029
11/07/02--01092--003 **155.00



2. New Mailing Address 7021 Grand National Drive, # 108 Orlando, Fla. 32819		4. State/Country of Formation FL	
Principal Place of Business 5301 CONROY RD, STE 140 ORLANDO FL 32811		5. Date Organized or Qualified To Do Business in Florida 05/21/2001	
3. New Principal Place of Business Address 7021 Grand Nat'l Dr. City, State, Zip Suite 108 Orlando, FL 32819		6. FEI Number 59-3721479	
8. Name and Address of Current Registered Agent LAVIGNE, JAMES R 5301 CONROY RD, STE 140 ORLANDO FL 32811		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Linda Lynn Street Address (P.O. Box Number is Not Acceptable) 7021 Grand National Dr, Suite 108 City Orlando, FL Zip Code 32819			
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. Signature of Registered Agent <i>[Signature]</i> Date 11-4-02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LYNN, JOHN	4042 Middlebrook Rd, #1421 Orlando, FL 32811	FL 32811
MGRM	LYNN, LINDA	4042 Middlebrook Rd, #1421 Orlando, Fla. 32811	FL 32811

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 *[Signature]* Date 11-4-02 Daytime Phone # 407-509-6410

Typed or printed name of signing Managing Member/Manager Linda Lynn Managing Member