2003 UBR PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 03 SEP 24 AH 9: 27 **COMPANY** Secretary of State DIVISION OF CORPORATIONS SECHETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # ん 0 1 0 0 0 0 0 8 3 6 7 1. Limited Liability Company's Name

AUID W. HAII Wh 400023302114 09/24/03--01021--006 **15 **150.00 2. Principal Office Address 3. Mailing Office Address 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida City & State City & State Applied For 6. FEI Number Not Applicable \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Name Street Address (P.O. Suite, Apt. #, Etc. FL 9. I, being appointed the registered agent of the above name) limited liability company, am familiar with and accept the obligations of Chapter 608, Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip 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 filling 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, 22/03 Daytime Phone# 813-707-9663 Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager