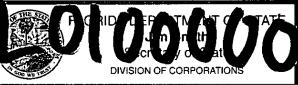
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



939/FILED

1. DOCUMENT # L01000009399

Name and Mailing Address

03 MAR 10 PM 12: 43

SECRETARY OF STATE TABLETHASSEET FEORIDA

0005792 01 FP 0.352 **PRSRT TB 0 0615 34221-343899 Infinite Infini



2. New Mailing Address City, State, Zlp			4. State/Country of Formation FL		
			Principal Place of Business 3. New Principal Place of Busines		ess Address
199 BIMINI DRIVE					
PALMETTO FL 34221	City, State, Zip	City, State, Zip		CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee requir	
8. Name and Address	of Current Registered Agent	9. Name and Address of New Registered Agent			
ŠNYDER, GERALD J 199 BIMINI DRIVE PALMETTO FL 34221		Name .			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FI	Zip Code
Signature of Registered Agent 11. Names and Street Addresses of Each	REGISTERED GENT MUST SIGN	•	Da	te3/_/	12003
Title(s) Name of Managing Members/Managers		Street Address of Each		City / State / Zip	
Members/W	anagers Mana	Managing Member/Manager			
man Sayper Ger	ALD J -199 BI	nini d	R	LIMETTO, F	2-3422)
			3000 03/10/03-	137263 01048014	**200.00
REINSTATE	VIENT 2002-20	03		<u> </u>	
	an C			2/	
filing this reinstatement application the	manager or the receiver or trustee empowered reason for dissolution has been eliminated, the many have been paid. The information indicate	fimited liability co d on this applicat	ompany name satisfies the r	equirements of section d my signature shall h	n 608.406, F.S., and that nave the same legal effect