

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

L01000009476

FILED

1. DOCUMENT # L01000009476

Name and Mailing Address

03 MAR -5 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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0615

BURBANK HOLDINGS OF FLORIDA, L.L.C.
% PATTON INTERIORS LIMITED
115 LAGAN RD.
DUBLIN 11 IRELAND



| | | | |
|--|--|--|--|
| 2. New Mailing Address c/o RUST & CHRISTOPHER, P.A. | | 4. State/Country of Formation FL | |
| City, State, Zip 1044 CASTELLO DR #101/102, NAPLES, FL 34103 | | 5. Date Organized or Qualified To Do Business in Florida 06/07/2001 | |
| Principal Place of Business % PATTON INTERIORS LIMITED 115 LAGAN RD. DUBLIN 11 IRELAND | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 ROCHE, CHRISTOPHER A ESQUIRE 229 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145 | | 9. Name and Address of New Registered Agent Name SUSAN K. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) RUST & CHRISTOPHER, P.A. 1044 CASTELLO DR, STE 101/102 NAPLES FL 34103 | |
|--|--|--|--|

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 *Susan K. Christopher* Date 2/28/03

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 |
| MGR | ROCHE, CHRISTOPHER A | 220 NORTH COLLIER BOULEVARD | MARCO ISLAND FL 34145 |
| MGR | PURCELL, PETER P. | 26 RIDGEWAY ST DOUGLAS | IMI IEL ISLE OF MAN UNITED KINGDOM |
| | | 200013552372 03/05/03--01060--016 **150.00 | |
| | | 200013552372 03/05/03--01060--017 **50.00 | |
| REINSTATEMENT 2002-2003 | | | |
| <i>myk</i> | | | |

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 2/18/03 Daytime Phone # 239-261-1941

CR2E084 (8/02)