

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--

AND
FILED

02 NOV -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009988

Name and Mailing Address

0011229 01 FP 0.352 **PRSRT H4 7 0615 94515-162407

SAK, LLC
1807 FOOTHILL BLVD.
CALISTOGA CA 94515-1624

REINSTATEMENT 2002



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business 1807 FOOTHILL BLVD. CALISTOGA CA 94515	3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 06/18/2001	
6. FEI Number NONE		Applied For	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		9. Name and Address of New Registered Agent	
COSTELLO, TRUMAN J ESQUIRE 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS FL 33907		Name Street Address (P.O. Box Number is Not Acceptable) 700008875327 11/07/02--01078--005 **150.00 City FL Zip Code	

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

Date

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	Celeste P. Ford	1807 Foothill Blvd.	Calistoga, CA 94515

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

Celeste P. Ford

Date 10/30/02 Daytime Phone # 707. 942. 6733

Celeste P. Ford

Typed or printed name of signing Managing Member/Manager