DEC. 11. 2003 11:13AM CORPORATION SVC CO NO. 886 P. 3/3

L01000010167

APPROVED 1/03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000010167

1. Limited Liability Company's Name

BREITFELLNER LLC

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
54 Dolphin Drive	P. O. Box 47582
Suite, Apt. #, etc. Reinstatement	Suite, Apt. #, etc.
City & State: Treasure Island, FL	City & State: St. Petersburg, FL
Zip: 33706 Country: USA	Zip: 33743 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: June 22, 2001

6. FEI Number: 59-3723287 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

Name: Cheryl B. Kelly

Street Address (P.O. Box Number is Not Acceptable): 54 Dolphin Drive

Suite, Apt. #, Etc.

City: Treasure Island, State: FL Zip Code: 33706

9. 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: Cheryl B Kelly Date: 12/3/03

REGISTERED AGENT MUST SIGN

CR2Eo01 (1/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leopold Breitfellner	1902 Swan Lane	Palm Harbor, FL 34683
MGRM	Anna Breitfellner	1902 Swan Lane	Palm Harbor, FL 34683

11. I certify that I am managing member/manager of the member or trustee authorized 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 608.408, 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: Leopold Breitfellner MGRM Date: 12/3/03 Daytime Phone #: (727) 367-9474

Typed or printed name of signing Managing Member/Manager: Leopold Breitfellner

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2003

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 10, 2003

CORPORATION SERVICE COMPANY

SUBJECT: BREITHELMER, LLC
REF: H03000332976

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

FAX Aud. #: H03000332976
Letter Number: 203A00066368

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Florida Department of State
Division of Corporations
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KBM

LIMITED LIABILITY REINSTATEMENT

BREITFELLNER, LLC

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