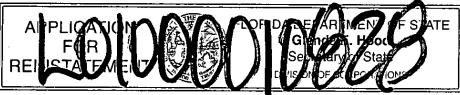
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



L01000010828

Name and Mailing Address

APPROYEU AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

0004162 01 AT 0.292 **AUTO T8 0 0615 32935-211611 Inflantifichentlichtentebertauffillerinflagfisterf B.V.C., LLC 2885 ÉLECTRONICS DR., #1A MELBOURNE FL 32935-2116



	<u>. </u>
2. New Mailing Address 2861 ELECTRONICS DLIVE	4. State/Country of Formation FL
MECRULNE FL 32935-2116	5. Date Organized of Qualified To Do Business in Florida 07/01/2001
Principal Place of Business 2885 ELECTRONICS DR., #1A MELBOURNE FL 32935 3. New Principal Place of Business Address 2861 ELECTRONICS DR. City, State, Zip MELBOURNE FL 32935	
8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COWAN, ROBERT	ress (P.O. Pox Number is Not Acceptable)
CityME	LBOURNE FL 32935
10. I, being appointed the egicered event 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 Street Address of I Members/Managers Managing Member/M	City / State / Zin
MGR COWAN, ROBERT 2885-ELECTRONICS DR., #1A MELBOURNE FL 32935 286 L ELECTRONICS DLIVE	
	000024950670 11/24/0301024010 **150.00
	X 2
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this filing this reinstatement application the reason for dissolution has bee simplicated, the limited liability call fees owed by the limited liability company have said. The information indicated on this applicate as if made under oath. Signature of Managing Member/Manage	Omnany name satisfies the requirements of section 609 406 E.S., and that!!

Typed or printed name of signing Managing Member/Manager