

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

2. New Mailing Address 2411 ACADEMY BLVD,		4. State/Country of Formation FL	
City, State, Zip CAPE CORAL, FL 33990		5. Date Organized or Qualified To Do Business in Florida 06/28/2001	
Principal Place of Business 1708-D CAPE CORAL PKWY WEST CAPE CORAL FL 33914		6. FEI Number 65-1124335	
3. New Principal Place of Business Address City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent SCHILLER, KATHERINE M 2411 ACADEMY BOULEVARD CAPE CORAL FL 33990		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 KATHERINE M SCHILLER Date 11.01.03 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	SCHILLER, KATHERINE M	2411 ACADEMY BLVD	CAPE CORAL FL 33990
000025757930 12/24/03--01049--017 **155.00			
REINSTATEMENT 2003			
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 KATHERINE M SCHILLER 11.01.03 Daytime Phone # 239.540.8888			
Typed or printed name of signing Managing Member/Manager			