

2005 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

05 DEC -9 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082005 REIN-LLC CR2E101 (6/04)

DOCUMENT # L01000011066					
1. Entity Name SEVEN OUT, LLC					
Principal Place of Business 1859 EAST ADAMS STREET JACKSONVILLE, FL 32202			Mailing Address PO BOX 180506 TALLAHASSEE, FL 32318		
2. Principal Place of Business			3. Mailing Address 140 ARROW TRACE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State HAYANA, FL		
Zip	Country	Zip	Country	4. FEI Number 59-3738707	
32333		32333	USA	Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARDEN, VICKI 1859 EAST ADAMS STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name JACK QUICK Street Address (P.O. Box Number is Not Acceptable) 140 ARROW TRACE City HAYANA FL Zip Code 32333	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jack Quick</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDEN, FERRELL 1859 EAST ADAMS STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500062127865 12/13/05--01064--003 **\$5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jack Quick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/9/05

Date

(860) 528 5882

Daytime Phone #