
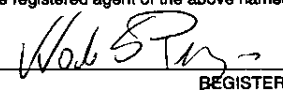



FILED

04 OCT -8 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 OCT -8 PM 1:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L01000014153					
1. Limited Liability Company's Name CENTRAL FINANCIAL LLC					
2. Principal Office Address 4456 TAMIAMI TRAIL		3. Mailing Office Address 4456 TAMIAMI TRAIL		4. State/Country of Formation FLORIDA/ USA	
Suite, Apt. #, etc. SUITE B12		Suite, Apt. #, etc. SUITE B12		5. Date Organized or Qualified To Do Business in Florida 08/21/2000	
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL		6. FEI Number 651133720 Applied For Not Applicable	
Zip 33980	Country USA	Zip 33980	Country USA	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					
Name WALTER S. PEREZ					
Street Address (P.O. Box Number is Not Acceptable) 4456 TAMIAMI TRAIL SUITE B12 ,					
Suite, Apt. #, Etc. SUITE B12 ,					
City PORT CHARLOTTE FL				State FL	Zip Code 33980
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 			Date 09/20/2004		
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip		
MR WSP	WALTER S. PEREZ MGR	5234 BLCKJACK CIRCLE	PUNTA GORDA, FL 33982		
			500041885585 10/14/04--01043--009 **255.00		
			REINSTATEMENT 02-04		
			OR		
			Signature		
11. 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 			Date 09/20/2004 Daytime Phone # 941-883-3160		
Typed or printed name of signing Managing Member/Manager			WALTER S. PEREZ, PRESIDENT		