

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY  
L01000014749

APPROVED AND FILED  
03 MAR 19 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014749

Name and Mailing Address

0010916 01 FP 0.352 \*\*PRSR H2 0 0615 32837-942110  
MAXIMUS L.L.C.  
11310 SOUTH ORANGE BLOSSOM TR.  
ORLANDO FL 32837-9421

REINSTATEMENT

2002-  
2003



<b>2. New Mailing Address</b> Same City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 11310 SOUTH ORANGE BLOSSOM TR. ORLANDO FL 32837		<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/24/2001	
<b>3. New Principal Place of Business Address</b> Same City, State, Zip		<b>6. FEI Number</b> 59-3736420 Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> HILL, DAVID 11310 SOUTH ORANGE BLOSSOM TR. ORLANDO FL 32837		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name DAVID HILL Street Address (P.O. Box Number is Not Acceptable) OLD DIXIE HWY City KISSIMMEE FL Zip Code			
<b>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.</b> Signature of Registered Agent <u>David Hill</u> Date <u>3/12/03</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	David Hill	OLD DIXIE HWY	KISSIMMEE FL
			400014383124 03/19/03--01089--001 **200.00

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

David Hill

Date

3/12/03

Daytime Phone #

321 624 2170

DAVID HILL

CR2E084 (8/02)