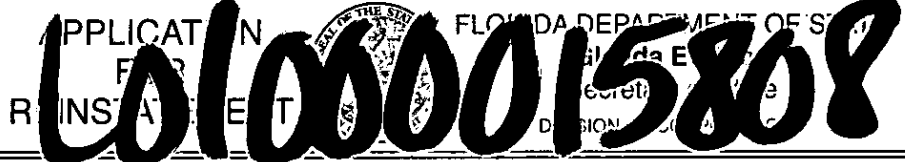


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 24 PM 1:23

1. DOCUMENT # L01000015808

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0016617 01 MB 0.309 **AUTO T1 0 0615 66061-742201



SEA BISCUIT REAL ESTATE, L.L.C.

26201 W 108TH ST

OLATHE KS 66061-7422



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/17/2001	
Principal Place of Business 26201 W 108TH ST OLATHE KS 66061	3. New Principal Place of Business Address	6. FEI Number 35-2163182	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WOOD, MARSHALL E 303 CENTRE STREET, STE 100 FERNANDINA BEACH FL 32034	Name Street Address (P.O. Box Number is Not Acceptable) 800024080888 10/24/03--01021--001 ***150.00 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 Michael T. Kaminski Date 10/20/03

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
MGRM	KAMIENSKI, CHRISTOPHER D	2601 WEST 108 STRET	OLATHE KS
MGRM	KAMIENSKI, ALISON	2601 WEST 108 STRET	OLATHE KS
MGRM	KAMIENSKI, MICHAEL	2601 WEST 108 STRET	OLATHE KS
			REINSTATEMENT 03
			OK

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 Michael T. Kaminski Date 10/20/03 Daytime Phone # 913-266 4601

Typed or printed name of signing Managing Member/Manager