

L01000016434


APPROVED AND FILED

04 MAY 28 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016434

1. Limited Liability Company's Name
LUCKY STARS. LLC

700037437087
06/01/04--01020--002 **200.00

2. Principal Office Address
8985 FONTANA DEL SOL WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

Zip 34109 **Country** USA

Zip **Country**

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 09/25/2001

6. FEI Number 46-0467695 **Applied For**
Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
DOUGLAS E. WIEBEL, CPA

Street Address (P.O. Box Number is Not Acceptable)
9240 BONITA BEACH ROAD

Suite, Apt. #, Etc.
SUITE 3305

City BONITA SPRINGS **State** FL **Zip Code** 34135

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 *D. Wiebel* **Date** 5/20/04
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
MGRM	LISA PETELER	8985 FONTANA DEL SOL WAY	NAPLES FL 34109

REINSTATEMENT 2003-2004

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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 *L. Peteler* **Date** 5/25/04 **Daytime Phone #** 239-254-1964

Typed or printed name of signing Managing Member/Manager LISA PETELER

CR2E04 (10/02)