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APPROVED AND FILED

04 MAY 28 AM 8:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

3. Mailing Office Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State NAPLES FL

City & State

Zip 34109 Country USA

Country USA

Zip

Country

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 [Signature]

Date 5/20/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, LISA PETELER, 8985 FONTANA DEL SOL WAY, NAPLES FL 34109.

REINSTATEMENT

Handwritten numbers 2003-2004

Handwritten initials JP

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 [Signature]

Date 5/25/04

Daytime Phone # 239-254-1964

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

CR2E04 (10/02)