					<u>.</u>
2. New Mailing Address			4. State/Country of Formation		
			FL		
City, State, Zip			7-5-Date Organized or Qualified To Do Business in Florida		
			03/20/2001		
Principal Place of Business 3. New Principal Place of Busines		ess Address	6. FEI Number Applied For		
PO BOX 25177			59-374 6892 Not Applicable		
TAMPA FL 33622-5177	City, State, Zip		CERTIFICATE OF STATUS DESIRED X 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Curren	9. Name and Address of New Registered Agent				
		Name			
GOLD, AARON J	•	Street Address ((P.O. Box Number is Not Acceptable)		
704 WEST BAY STREET		2203	N. LOIS AUE # 700		
TAMPA FL 33606					i
		TAMPA FL Zip Code 33607			
10. I, being appointed the registered geth of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent Date 6/18/03					
HEGISTERED AGENT MUST SIGN					
11. Names and Street Addresses of Each Managing Member/Manager					
Title(s) Name of Managing Members/Managers N		eet Address of Each ging Member/Manager · City / State / Zip			
Wellibers/Wallagers		managing member/manager			
Sec Loaquin M. CAMPO 3301 cheviot DR TAMPA, FL 33618					
Sec Logquin M. CAMPO 3301 C		heviot	DR	TAMPA, FL	33618
PRES Robert ODOM 2510 Pemberton Cn Dr Sesswer, FL 335					ľ
MES Robert ODOM 2510 Pe		mberton	Cm Dr	Sessner F	1 335P4
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		15 5 1 m 8 8	A R RESERVE		
					ű.
12. I certify that I am managing member/manager	or the receiver or trustee empowered	to execute this ann	lication as provid	led for in chapter 608 ES 1	further certify that when
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 filling this reinstatement application the reason for discussion 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 flaw teen pend. 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 (%2) 82-22-1/					

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

6/18/03 Daytime Phone # (813) 875-777