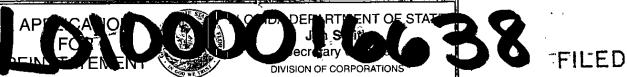
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000016638

Name and Mailing Address

0000842 01 FP 0.352 **PRSRT T3 0 0615 32810-534010

1710 LEE ROAD ORLANDO FL 32810-5340 MAY -5 PM 3:33

SECRETARY OF STATE:
7 CLAUMHASSEPPEORIDAF
04/10/03--01056--029 **410.00



2. New Mailing Address				4. State/Country of Formation			
City, State, Zip				5 Date Organi		09/27/2001	
Principal Place of Business 3. New F		v Principal Place of Business Address		6. FEI Number 03.6379458		Applied For Not Applicable	
ORLANDO FL 32810	City, State, Zip	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
			Name				
B&C CORPORATE SERV 390 N. ORANGE AVE. SUITE 1100	.ORIDA	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32801		City		FL Zip Code			
10. I, being appointed the registered. Signature of Registered Agent	REGISTERED AGE		-		Date 4/1/03		
11. Names and Street Addresses of E	ach Managing Member/Manag	er					
	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		:City / State / Zlp		
My David A. Janney / Man Alfred Carthen Janney /		171012	1710 tee Road-061-PC 32810 - Ort- Ft 32810				
My Alfred Care	An Janney	171060	Rd		Ori PL.	32810	
-	/						
				লা সমাহাত দু গু <u>কে</u> সময়	ः स्त्रु स्ट्राह्म <u>ाला स्त्रु स्</u> र	<u></u>	
						9503 0203	
12. I certify that I am managing memifiling this reinstatement application all fees owed by the limited liability as if made under oath. Signature of Managing Member/Manager	the resean for dissolution has l	heen eliminated the	e limited liability co ed on this applicat	ompany name satisfication is true and accur	es the requirements of section	ve the same legal effect	