

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE  
L01000017910

FILED

02 DEC -4 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017910

1. Limited Liability Company's Name  
721 Beville Road LLC

2. Principal Office Address  
1971 Country Club Dr  
Suite, Apt. #, etc.

3. Mailing Office Address  
PO Box 290628  
Suite, Apt. #, etc.

4. State/Country of Formation  
Florida / USA

5. Date Organized or Qualified To Do Business in Florida  
10/18/01

City & State  
Daytona Beach FL  
Zip Country  
32128 Volusia

City & State  
Port Orange FL  
Zip Country  
32129 Volusia

6. FEI Number  
59-3752729  
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  
John Carbone  
Street Address (P.O. Box Number is Not Acceptable)  
1971 Country Club Drive  
Suite, Apt. #, Etc.  
City  
Daytona Beach  
State  
FL  
Zip Code  
32128  
500009331635  
12/04/02-01006-006 \*\*15.00

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  
Date 11/25/02  
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
Mgr	Blue sky Investments Inc	1854 Seclusion Dr	Daytona Beach FL, 32128
Mgr	John S. Carbone	1971 Country Club Dr	Daytona Beach FL, 32128

REINSTATEMENT OR

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  
Date 11/25/02 Daytime Phone # 386 788-8494  
Typed or printed name of signing Managing Member/Manager John S. Carbone

CR2E041 (9/01)