

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 2004 FEB 11 PM 12:30  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L01000018638  
 Name and Mailing Address

0002085 01 AT 0.292 \*\*AUTO TO 0 0615 32303-551233  
 ECONO L.L.C.  
 1333 N. DUVAL ST.  
 TALLAHASSEE FL 32303-5512



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
Principal Place of Business 1333 N. DUVAL ST. TALLAHASSEE FL 32303	3. New Principal Place of Business Address 1220 N. Market St, Suite 606 City, State, Zip WILMINGTON, DE 19801		6. FEI Number <i>Not applicable</i> <del>ADP21234567</del> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 DUVAL STREET TALLAHASSEE FL 32302		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

CR2E084 (7/03)

10. 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 *R.D.S. Hood* **SIGNATURE REQUIRED** Date 2/10/04  
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STAR GROUP FINANCE AND HOLDINGS, INC.	SUITE 302, EAST BUILDING NO. 34/20	PANAMA CITY 5, PANAMA
			600028536086

**REINSTATEMENT** *2003-04*

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 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 *R.D.S. Hood* **SIGNATURE REQUIRED** Date 1/7/04 Daytime Phone # 302-421-5752  
 Typed or printed name of signing Managing Member/Manager

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

DATE: 02-10-04

NAME: ECONO, LLC

TYPE OF FILING: 2004 UBR

COST: ~~\$100~~ <sup>200.</sup>

*Ok. Per Paul  
2/12*

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RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

**DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

**04 FEB 10 PM 4:18**

**RECEIVED**