

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

1. DOCUMENT # L01000020252

Name and Mailing Address

0017845 01 IN 0.000

0615 48484

608 SANIBEL SIESTA L.L.C.

C/O MAHMOOD HAI

47077 BING DR

CANTON OH 48484

8102 HYANNIS CT.



Form with sections: 2. New Mailing Address (8102 HYANNIS CT), 3. New Principal Place of Business Address (608 SANIBEL SIESTA), 4. State/Country of Formation (FL), 5. Date Organized or Qualified To Do Business in Florida (11/23/2001), 6. FEI Number (NOT APPLICABLE), 7. CERTIFICATE OF STATUS DESIRED, 8. Name and Address of Current Registered Agent (HAI, MAHMOOD), 9. Name and Address of New Registered Agent.

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

Mahmood A. Hai

Date

12/10/03

REGISTERED AGENT MUST SIGN

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

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entry for MAHMOOD A. HAI at 8102 HYANNIS CT.

REINSTATEMENT

2003

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.

Signature of Managing Member/Manager

Mahmood A. Hai

Date

12/10/03

Daytime Phone #

734-595-1487

Typed or printed name of signing Managing Member/Manager