

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), 4. State/Country of Formation (FL), 5. Date Organized or Qualified (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. Signature of Registered Agent (Mahmood A. Hai), 11. Names and Street Addresses of Each Managing Member/Manager.

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