

FILED

03 JUL -7 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021165

Name and Mailing Address

0005144 01 FP 0.352 **PRSRT T6 0 0615 33707-212830



6950 CENTRAL, L.L.C.

630 PASADENA AVE.

ST. PETERSBURG FL 33707-2128



CR2E084 (8/02)

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

Date 4-29-03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager