
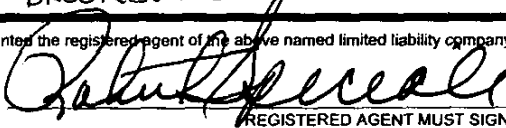
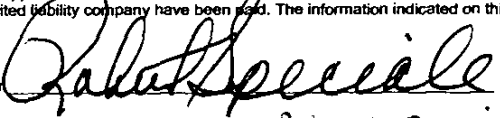


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000021180			
1. Limited Liability Company's Name MILLY'S, LLC			
2. Principal Office Address Cortez Blvd.		3. Mailing Office Address 31087 Cortez Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State BROOKSVILLE, FL	
Zip 34602	Country USA	Zip 34602	Country USA
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 3/2002	
6. FEI Number 04-3604687		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name ROBERT SPECIALE			
Street Address (P.O. Box Number is Not Acceptable) 31087 CORTEZ BLVD. REINSTATEMENT 02-05			
Suite, Apt. #, Etc.			
City BROOKSVILLE		State FL	Zip Code 34602
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 6/28/05	
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
MGRM	ROBERT SPECIALE	31087 CORTEZ BLVD	BROOKSVILLE, FL 34602
MGRM	CECIL T. SALMON	31087 CORTEZ BLVD	BROOKSVILLE, FL 34602
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 6/28/05	Daytime Phone # 352-799-2648
Typed or printed name of signing Managing Member/Manager Robert Speciale			

CR2E041 (10/02)