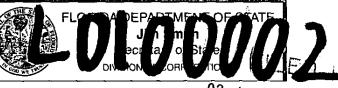
APPLICATION FOR REINSTATEMENT



1. DOCUMENT # L01000021261

Name and Mailing Address

Signature of

Managing Member/Manager

Typed or printed name of signing-Managing Member/Manager

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Date 2-28-03 Daytime Phone # 407-328-8450

c) (8/02) 2. New Måiling Address 4. State/Country of Formation 7718 FLEMINGWOOD COURT 5 Date Organized er Gualified To Do Business in Florida 32771 12/05/2001 ANFORD 6. FEI Number Principal Place of Business 3. New Principal Place of Business Address Applied For 258 SOUTHHALL LANE, SUITE 300 7718 FLEMING WOOD 01-0602839 Not Applicable MAITLAND FL 32751 City, State, Zip \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED SANFORD for a Certificate of Status 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ANET HINCKLEY, JAMES C D. Box Number is Not EM (NGW00) 258 SOUTHHALL LANE, SUITE 300 MAITLAND FL 32751 10. I, being appointed the registered agent of the above gamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Date 2-28-03 Signature of Registered Agent REGISTERED AGEN MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip Title(s) 7718 Meningwood Ct **400013527604** 03/05/03--01011--016 **155.00 REINSTATEMENT 2002-2003 400013527604 05/05/03--01035--006 ***50 **50.00 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