



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

FILED

2004 AUG 16 PM 4:33

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # L01000021600

Name and Mailing Address

0004273 01 AT 0.292 **AUTO T8 0 0615 32958-161151

[illegible]

MALONE-WINARSKI ENTERPRISES, L.L.C.

1511 US HIGHWAY 1, STE. 201

SEBASTIAN FL 32958-1611



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/13/2001	
Principal Place of Business 1511 US HIGHWAY 1, STE. 201 SEBASTIAN FL 32958	3. New Principal Place of Business Address		6. FEI Number 65-0934202
	City, State, Zip		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		9. Name and Address of New Registered Agent	
WINARSKI, RONALD 1703 GREYTWIG PLACE MALABAR FL 32950		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 <u><i>Ronald Winarski</i></u> SIGNATURE REQUIRED Date <u>8/16/04</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MALONE-WINARSKI, ROXANNE	1511 US HIGHWAY 1, STE. 201	SEBASTIAN FL 32958
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 <u><i>Ronald Winarski</i></u> SIGNATURE REQUIRED		Date <u>08/16/04</u> Daytime Phone # <u>772-589-6667</u>	
Typed or printed name of signing Managing Member/Manager			

CB2E034 (7/03)