PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000021751

Name and Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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| 2. New Mailing Address | | | | 4. State/Country of Formation | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------|------------------------|
| | • | | | FL | | |
| City, State, Zip | | | | -5. Date Organized or Qualified | | |
| Principal Place of Business 3. New Principal Place of Bus | | | ness Address 6. FEI Numbe | | Applied For | |
| 936 79TH ST. S. ST. PETERSBURG FL 33707 | | | | Not Applicable | | |
| | | City, State, Zip | | 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status | | |
| V- WITT CASE TO THE PARTY OF TH | 8. Name and Address of Current | t Registered Agent | 9. Name and Address of New Registered Agent | | | |
| FIELDS, BILL 936 79TH ST. S. ST. PETERSBURG FL 33707 | | | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | City FL Zip Code | | |
| | and Street Addresses of Each Managin | | Street Address of Ea | | City / State | / Zin |
| Title(s) | | | Street Address of Ea naging Member/Mar | | City / State / Zip | |
| - MGRM | A FIELDS, BILL | | 936 79TH ST. S. | | ST. PETERSBURG FL 33707 | |
| | | In Speci | | a Enangaa Estras de | | |
| | | | | | <u>ac</u> | |
| 2. I certify | that I am managing member/manager | or the receiver or trustee empower | ed to execute this a | pplication as provid | ed for in chapter 608, F.S. I fur | ther certify that when |

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/Manage

Bill FIELDS

Date 10-29 02 Daytime Phone # 727-345-7027

CHZE084 (8/0)