والمستحدة

Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

	PLEASE READ	ALL INSTRUCTION	JNS BEFORE (JOMPLE II			
LIMITED LI. COMPA REINSTAT	ANY E	FLORIDA DEPART Secretary DIVISION OF CO	of State	SE	FILE 14 NOV 10 CRETARY C LAHASSEE	PM 1: 43 OF STATE	,
DOCUMEN 1. Limited Liability O	1 9 11 13 1	000 Z179 C	95	1	EAHAGGE	Compa	
Suite, Apt. #, etc. City & State	R 580 SVITEH	Suite, Apt. #, etc. H City & State		4. State/Country of Formation LORIDA 5. Date Organized or Qualified To Do Business in Florida 2 7 2001. 6. FEI Number Applied For			
OLDSN 34677	Country USA	0LDSMAR 34677	Country USA	7.	59-37 OF STATUS DESIRE	\$5.00 Additi	Not Applicable ional Fee required ificate of Status
8. Name and Address of Current Registered Agent Name JAMES KLETN HANS Street Address (P.O. Box Number is Not Acceptable) 3691 S.R. 580 Suite, Apt. #, Etc. H.							
9- I, being appointed Signature of Registered Agent	the registered agent of the above	re named limited liability comp		accept the obligation	,	677 F.S.	
	(GISTERED AGENT MUST SI	IGN			<u> </u>	
Titles	es and Street Address of Managing Members/Managers Name of Street Address of Eac Managing Members/Managers Managing Member/Managers					City / State / Zip	
MGRM	KEITH TOHNSON 3691 SR 58			OLDSMAR FL 34677			
MGR	JAMES KL	36915R580		OLDS	MAR FL	34677	
			03/	26/04- 08/03-	90163- 01045-	-028#	50.00 200.00
filing this reinstat	n managing member/manager of ement application the reason for the limited liability company have troath.	dissolution has been eliminate	ed, the limited liability comp	any name satisfies	the requirements of	of section 608,406,	F.S., and that

Date 11/04/04 sylime Phone # 3138140358

JIMES KLEIN HANS