

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 16 PM 4:06

1082

02/26/04

DOCUMENT # L01000022014

1. Limited Liability Company's Name
Orange Tree Financial L.L.C.

REINSTATEMENT 2003
2004

700028782087
02/16/04--01012--003 **100.00

2. Principal Office Address 6967 Sunset Dr. Suite, Apt. #, etc. Ste. 2 City & State S. Pasadena FL Zip 33707		Country Pinellas		3. Mailing Office Address 6967 Sunset Dr Suite, Apt. #, etc. Ste 2. City & State S. Pasadena, FL Zip 33707		Country Pinellas	
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4. State/Country of Formation FL, Pinellas	
5. Date Organized or Qualified To Do Business in Florida 1-2002	
6. FEI Number 80-0002564	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: Michael Thompson

Street Address (P.O. Box Number is Not Acceptable): 6967 Sunset Dr Ste 2

Suite, Apt. #, Etc.: Ste 2

City: S. Pasadena

State: FL Zip Code: 33707

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: *Michael Thompson* Date: 2-11-04

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
President MGR	Michael Thompson	6967 Sunset Dr Ste 2	S. Pasadena, FL 33707

REINSTATEMENT 2003-2004

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: *Michael Thompson* Date: 2-11-04 Daytime Phone #: 727-481-6869

Typed or printed name of signing Managing Member/Manager: Michael Thompson - President

CR2E041 (10/02)

2 of 2

Orange Tree Financial LLC
6967 Sunset Dr Ste 2
S. Pasadena, FL 33707
727-481-6969
727-343-0327 fax

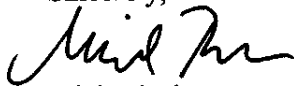
February 11, 2004

Re: Reinstatement of LLC

Dear Department of State:

I never received a renewal letter from the Department of State. Enclosed is a check for \$100 for years 2003-2004 and a reinstatement application.

Sincerely,



Michael Thompson
President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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