PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMAND FILED 03 JAH - 7 AH 9: 33 SECRETARY OF STATE : TALLAHASSEE, FLORIDA 01/02/03--01074--002 **55.00 2. Principal Office Address 3. Mailing Office Address Same ao #2 4. State/Country of Formation Suite, Apt. #, etc. Florida 5. Date Organized or Qualified City & State To Do Business in Florida City & State 6. FEI Number Applied For Zip Not Applicable Country 3803 \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent 00 State Zip Code 33803 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. Registered Agent Date 31 Decoz REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Titles Street Address of Each Managing Member/Manager City / State / Zip Buckingham ALE Lakelan 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 filling 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 as if made under oath. Managing Member/Manager Tal Date 31 Dec 02 Daytime Phone # \$63 - 287 - 02/2 Typed or printed name of signing Managing Member/Manager Todd B. Christian