

LO2000001962

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 05 JUL -6 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

MR. FANTASTIC, LLC

03

BK

2. Principal Office Address

421 WOODPARK WAY

3. Mailing Office Address

P.O. BOX 391217

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

DELTONA, FL

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

1/25/2002

6. FEI Number

26-0041099

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

32779

Country USA

Zip 32739

Country USA

8. Name and Address of Current Registered Agent

Name

STAN BILLUE

Street Address (P.O. Box Number is Not Acceptable)

3080 LODI COURT

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

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

[Signature]

Date

7/5/05

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
M/M	STAN BILLUE (MGRN)	3080 LODI COURT	DELTONA, FL 32738
			800057366918 07/12/05--01075--006 **250.00
			REINSTATEMENT 2003-2005
			BK

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

[Signature]

Date

7/5/05

Daytime Phone #

407 719-2020

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)