


1. DOCUMENT # L02000002459 03 NOV 18 PM 3:11 *W 12/01*
Name and Mailing Address

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2. New Mailing Address 5150 Tammami Trail North Suite 600		4. State/Country of Formation FL	
City, State, Zip Naples FL 34103		5. Date Organized or Qualified To Do Business in Florida 01/31/2002	
Principal Place of Business 8990 BAY COLONY DRIVE, UNIT 1504 NAPLES, FL 34108		3. New Principal Place of Business Address Same as 2 City, State, Zip above	
		6. FEI Number [Redacted]	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		\$5.00 Additional Fee required for a Certificate of Status	

10. 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 REQUIRED** Date 11-8-03

REGISTERED AGENT MUST SIGN

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.

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)