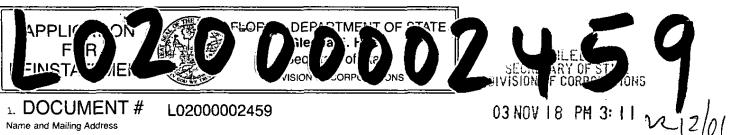
as if made under oath.

Managing Member/Manage

Signature of

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



0014439 01 AT 0.292 **AUTO T2 0 0615 34108-670579 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1...|| 1



2.) New Mailing Address 5/50 Tamiomi Tay Nurh	Swite 600	State/Country of Formation FL	
City, State Zip City, State Zip Aug / E F 34/03		5 Date Organized or Qualified	
Principal Place of Business 8990 BAY COLONY DRIVE, UNIT NAPLES FL/34/08 3. New Principal Place of Business Address 1504 City, State, Zip		6. FEI Number Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
JAMES BRONCE HENDERSON III 8990 BAY COLONY DRIVE, UNIT 1504 MAPLES FL 34108	Nan- Street Address	Natural Street Address (P.O. Box Number is Not Acceptable)	
	9746 city Na.	9746 Niblich Lane Gry Naples FL 327/08	
10. I, being appointed the registered agent of the above named limited liability co	ompany, am familiar with an	d accept the obligations of Chapter 608,	F.S.
Signature of Registered Agent REGISTERED AGENT MUST S	DIRED SIGN	Date	9-113
11. Names and Street Accresses of Each Managing Member/Manager			
Title(s) Name of Managers Members (Managers)	Street Address of Each Managing Member/Manag		y / State / Zip
Ptr. Tumes Bronce Henchoson	9746 Nib/	ich Naples	,F1,34108
-			1 **150 00
·		11/10/100 01000 00	1 **********
> on 3	?		
REINSTATEMENT			
12. I certify that I am managing member/manager or the receiver or trustee emptifiling this reinstatement application the reason for dissolution has been eliminat all fees owed by the limited liability company have been paid. The information in	ted, the limited liability comp	any name satisfies the requirements of s	ection 608.406, F.S., and that