


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT  |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                | FILED<br>04 MAR -8 PM 4:59<br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA |                               |
|--|-----------------------------------|---|----------------|---|-------------------------------|
| DOCUMENT # L02000004143  |                                   |   |                |   |                               |
| 1. Limited Liability Company's Name<br>OTB, LLC  |                                   |   |                |   |                               |
| 2. Principal Office Address<br>P.O. Box 2145<br>Suite, Apt. #, etc.  |                                   | 3. Mailing Office Address<br>P.O. Box 2145<br>Suite, Apt. #, etc.   |                | 4. State/Country of Formation<br>FLORIDA - USA                          |                               |
| City & State<br>ENGLEWOOD, FL  |                                   | City & State<br>ENGLEWOOD, FL   |                | 5. Date Organized or Qualified To Do Business in Florida<br>2-15-02     |                               |
| Zip<br>34295   | Country<br>USA                    | Zip<br>34295  | Country<br>USA | 6. FEI Number<br>73-1630406   | Applied For<br>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<br>Myrtle Shifflett   |                                   |   |                |   |                               |
| Street Address (P.O. Box Number is Not Acceptable)<br>3202 Bayview Ct.   |                                   |   |                |   |                               |
| Suite, Apt. #, Etc.  |                                   |   |                |   |                               |
| City<br>St. Cloud  |                                   |   |                |   |                               |
| State<br>FL  |                                   |   |                |   |                               |
| Zip Code<br>34772  |                                   |   |                |   |                               |
| 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<br>Myrtle Shifflett  |                                   |   |                |   |                               |
| Date<br>3-1-04   |                                   |   |                |   |                               |
| 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  |                               |
| MGR  | Donna C Shifflett                 | 4005 Bay Oaks Circle  |                | Englewood, FL, 34223  |                               |
| MGRM   | Myrtle Shifflett                  | 3202 Bayview Ct.  |                | St. Cloud, FL, 34772  |                               |
|  |                                   |   |                |   |                               |
|  |                                   |   |                |   |                               |
|  |                                   |   |                |   |                               |
|  |                                   |   |                |   |                               |
|  |                                   |   |                |   |                               |
| 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<br>Donna C Shifflett  |                                   |   |                |   |                               |
| Date<br>3-1-04   |                                   |   |                |   |                               |
| Daytime Phone#<br>941-474-0911   |                                   |   |                |   |                               |
| Typed or printed name of signing Managing Member/Manager<br>Donna C Shifflett  |                                   |   |                |   |                               |

CR2ED41 (10/02)