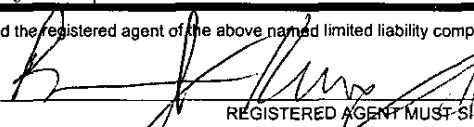
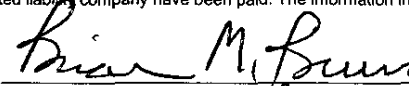


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000004343		FILED 04 FEB -6 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name Ullman & Kurpiers, LLC			
2. Principal Office Address 410 S. WARE Blvd. Suite, Apt. #, etc. Suite 1100 City & State TAMPA, FL Zip 33619 Country USA		3. Mailing Office Address 410 S. WARE Blvd. Suite, Apt. #, etc. Suite 1100 City & State TAMPA, FL Zip 33619 Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 2-22-02	
6. FEI Number 02-0550264		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
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 Ronald J. Kurpiers, II			
Street Address (P.O. Box Number is Not Acceptable) 410 S. WARE Blvd.			
Suite, Apt. #, Etc. Suite 1100			
City TAMPA		State FL	Zip Code 83619
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 		Date 2-1-04	
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	Kirsten K. Ullman	410 S. WARE Blvd., Ste 1100	TAMPA, FL 33619
MGR	Brian M. Bursa	410 S. WARE Blvd., Ste 1100	TAMPA, FL 33619
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 		Date 2-1-04	Daytime Phone # 813-739-1900
Typed or printed name of signing Managing Member/Manager BRIAN M. BURSA			

CR2E041 (10/02)