


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000005402		
1. Entity Name REMEMBER ME LTD. CO.		

Principal Place of Business 334 E. DUVAL ST. LAKE CITY, FL 32055	Mailing Address 334 E. DUVAL ST. LAKE CITY, FL 32055
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2004 OCT 21 PM 1:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number 59-3753468	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIMBLE, CATHY D 16825 27TH PL LAKE CITY, FL 32024	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cathy Trimble (NOTE: Registered Agent signature required when reinstating) DATE 10-20-04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIMBLE, CATHY D 16825 27TH PL. LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042077457 10/21/04--01062--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNER, SHARON 485 S. CHURCH ST. LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 325 SE Church Ave.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRICKLAND, WANDA RT. 17 BOX 975 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 755 NW Woodlands Ter
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIMBLE, P. KAY 16825 27TH PL. LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Wanda Strickland REINSTATEMENT 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 10-20-04 Daytime Phone # 386-758-9634