

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005467

Name and Mailing Address

0003644 01 AT 0.292 **AUTO T5 0 0615 32811-662939



ART SHARKS LLC
4207 VINELAND RD.
M-9

ORLANDO FL 32811-6629



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/07/2002	
Principal Place of Business 4207 VINELAND RD. M-9 ORLANDO FL 32811	3. New Principal Place of Business Address	6. FEI Number 33-1009411	Applied For Not Applicable
	City, State, Zip	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 BILLINGTON, DEBBIE 4207 VINELAND RD M-9 ORLANDO FL 32811	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City FL Zip Code
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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] **REGISTERED AGENT MUST SIGN** Date 10/23/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BILLINGTON, DEBBIE	3774 SILVER ROSE CT.	ORLANDO FL 32808
MGR	DIGGINS, KELLY	118 CLUB VILLAS LANE	KISSIMEE FL 34744

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.

Signature of Managing Member/Manager [Signature] **REGISTERED AGENT MUST SIGN** Date 10/23/03 Daytime Phone # 407-540-0026

Typed or printed name of signing Managing Member/Manager -

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4207 Vineland Rd., Suite M-9, Orlando, FL 32811
407-540-0026 fax 407-540-0027

Department of State
Registration Section
409 E. Gaines St.
Tallahassee, FL 32399

To whom it may concern,

Art Sharks, L.L.C. had never previous received collateral regarding this certificate of Administration. Please except this and reinstate our status as a L.L.C. company.

Thank you for you time and if you have any questions, please call at 407-540-0026.

Sincerely,

A handwritten signature in black ink, appearing to read "Kelly Diggins". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Kelly Diggins
Owner