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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

1. DOCUMENT # L02000005928

Name and Mailing Address

FILED

2003 NOV 19 AMII: 47

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip					4. State/Country of Formation FL 5. Date Organized or Qualified To Do Business in Florida 03/07/2002			
LAKE WORTH FL 334	160	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
· ·		Name						
CATHCART, JOHN M 631 LUCERNE AVEN LAKE WORTH FL 334		Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Code				Zip Code
L0. I, being appointed the registered Signature of Registered Agent	N LIGN RE	GISTERED AG	MEGUIH ENT MUST SIGN	ρ		Date _/_//		03
L1. Names and Street Address o		member/mana	-	eet Address of E	ach	[
	Name of Managing Members/Managers		Managing Member/Man		nager	City / State / Zip		
And JOHN CATHCART			631 LUCERNE AUR			, balle Worth, FL 33462		
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					70 11/19/	002481 03-010030	71× 20 *	17 *150.00
						-		er e. 199
				KEI	VSTATE	WENT	200	3
 I certify that I am managing me filing this reinstatement applicati all fees owed by the limited inited as if made under oath. 	on the reason for	dissolution has	been eliminated, the	timited liability co	ompany name satisfi	es the requirements of s	section 6	08.406, F.S., and that
Signature of Managing Member/Manage	JAKA I	UICED	MER		<u>-10-03</u>	aytime Phone # <u>56</u>	61-5	682-3274