
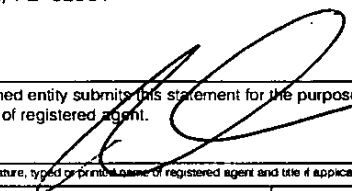
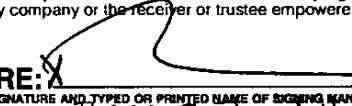


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 NOV 22 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006169 1. Entity Name DOWDELL PROPERTIES, L.L.C.					
Principal Place of Business 702 SANDERLING DRIVE INDIALANTIC, FL 32903			Mailing Address 702 SANDERLING DRIVE INDIALANTIC, FL 32903		
2. Principal Place of Business 10370 So. Tropical Trail		3. Mailing Address Suite, Apt. #, etc.			
City & State Merritt Island, FL		City & State Suite, Apt. #, etc.		10212004 REIN-LLC CR2E101 (6/04)	
Zip 32952		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MOULE, REX E PA 601 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent 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  (Rex E. Moule) Nov. 16, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWDELL, BRIAN C 702 SANDERLING DRIVE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWDELL, BRIAN C. 10370 SO. TROPICAL TRAIL MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWDELL, ANGELLOQUE M 702 SANDERLINE DRIVE INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWDELL, ANGELLOQUE M. 10370 SO. TROPICAL TRAIL MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				Date Nov. 16, 2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Brian C. Dowdell				<small>Date Daytime Phone #</small>	