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2. New Mailing Address		4. State/Country of Formation <b>FL</b>	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida <b>03/21/2002</b>	
Principal Place of Business <b>SUITE 48, THE PINES 8192 COLLEGE PKWY SW FORT MYERS FL 33919</b>	3. New Principal Place of Business Address	6. FEI Number <b>75-3036283</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
8. Name and Address of Current Registered Agent  <b>ERIC B. FELDMAN, P.A. SUITE 204, 717 PONCE DE LEON BLVD. CORAL GABLES FL 33134</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>X</b> <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <b>X</b> <b>12/16/03</b> REGISTERED AGENT MUST SIGN			
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
<b>MGRM</b>	<b>STEPHEN W. WOUCH</b>	<b>4155 SARGENT WAY HONSHAM, PA 19044</b>	<b>HONSHAM PA 19044</b>
			<b>600025757716 12/24/03-01049-010-**-150.00</b>
<b>REINSTATEMENT 2003</b>			
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 <b>SIGNATURE REQUIRED</b>		Date <b>12/2/03</b>	Daytime Phone # <b>239 590 6400</b>
Typed or printed name of signing Managing Member/Manager			