


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L02000006850</b>			
1. Limited Liability Company's Name <b>CED CAPITAL HOLDINGS 2002T, L.L.C.</b>			
2. Principal Office Address <b>1551 Sandspur Road</b>		3. Mailing Office Address <b>P.O. Box 4961</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Maitland, Florida</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32751</b>	Country <b>U.S.</b>	Zip <b>32802</b>	Country <b>U.S.</b>
4. State/Country of Formation <b>Florida / U.S.</b>		5. Date Organized or Qualified To Do Business in Florida <b>3-22-2002</b>	
6. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
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			
Name <b>B+C Corporate Services of Central Florida, Inc.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>390 N. Orange Avenue</b>			
Suite, Apt. #, Etc. <b>Suite 1100</b>			
City <b>Orlando</b>		State <b>FL</b>	Zip Code <b>32801</b>
9. 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>G. E. Guin</b>		Vice President Date <b>7/28/05</b>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Brock, Jay P.	1551 Sandspur Road	Maitland, FL 32751
MGR	Doody, Tricia	1551 Sandspur Road	Maitland, FL 32751
MGR	Missigman, Paul M.	1551 Sandspur Road	Maitland, FL 32751
MGR	Sciarrino, Michael J.	1551 Sandspur Road	Maitland, FL 32751
<b>REINSTATEMENT</b>			
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11. 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>Tricia Doody</b>		Date <b>7/25/05</b>	Daytime Phone # <b>407-741-8500</b>
Typed or printed name of signing Managing Member/Manager <b>Tricia Doody, Manager</b>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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