



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000007356 1. Entity Name MARIZHEIL ENTERPRISES, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATE AND BUSINESS SERVICES 05 DEC 30 AM 9:48	
Principal Place of Business 702 E BRANDON BLVD. BRANDON, FL 33511			Mailing Address P.O. BOX 2370 BRANDON, FL 33509-2370				
2. Principal Place of Business		3. Mailing Address		12012005 REIN-LLC CR2E101 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 75-3032883			
City & State		City & State		Applied For Not Applicable			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DUBOSE, MARIE B 7224 QUAIL HOLLOW BOULEVARD WESLTY CHAPEL, FL 33544				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALVEZ, MA AUXILIADORA S 702 EAST BRANDON BOULEVARD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 500063963735 01/18/06--01047--006 **150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVEZ, ZHEILA M 702 EAST BRANDON BOULEVARD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALVEZ, LOURD BENNETT M 702 EAST BRANDON BOULEVARD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em; opacity: 0.5;"> REINSTATEMENT 2005 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Maria Auxiliadora Galvez</u>				Dec. 28, 2005 (813) 684-6771			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>		<small>Daytime Phone #</small>	