1. DOCUMENT #

Name and Mailing Address

Managing Member/Manage

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HEINSTATEMENT 2003-2004 4. State/Country of Formation FĿ 5. Date Organized or Qualified 04/12/2002 To Do Business in Florida 6. FEI Number Applied For Principal Place of Business 1604 CRYSTAL LAKE DR Not Applicable LAKELAND FL 33801 \$5.00 Additional Fee required for a Certificate of Status US CERTIFICATE OF STATUS DESIRED 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HUFFSTICKLER, CARRIE A Street Address (P.O. Box Mumber is Not Acceptable) 2920 WILLOW AVE. LAKELAND FL 33803 Zip Code of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. 10. I, being appoint Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Street Address of Each Name of Managing City / State / Zip Title(s) Managing Member/Manager owner Calculand, A Durwacher 1004 Crosal CK Dr. 500028276115 02/05/04--01030--003 **200.00 REINSTATEMENT 2004 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 from 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 as if made under oath.