

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC 26 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000011967					
1. Limited Liability Company's Name SANTHONY, L.L.C.					
2. Principal Office Address 1936 SAN MARCO BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 1936 SAN MARCO BLVD. Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		5. Date Organized or Qualified To Do Business in Florida 05/16/2002	
Zip 32207	Country USA	Zip 32207	Country USA	6. FEI Number 02-0606841	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name MICHAEL R. FREED	000025776580 12/26/03--01073--024 **15.00
Street Address (P.O. Box Number is Not Acceptable) BRENNAN, MANNA & DIAMOND 76 S. LAURA ST.	
Suite, Apt. #, Etc. SUITE 1700	
City JACKSONVILLE	State FL
	Zip Code 32202

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

[Signature]

Date 11/17/03

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
MGRM	SANDRA ORT	384 TIDEWATER CIRCLE N.	JACKSONVILLE, FL 32211

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

[Signature]

Date 11-12-03 Daytime Phone# (904)473-0110

Typed or printed name of signing Managing Member/Manager