

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAY 21 PM 4:11 SECRETARY OF STATE TALLAHASSEE FLORIDA 5/21	
DOCUMENT # L02000014344 1. Limited Liability Company's Name GOLD STAR APPRAISAL SERVICE LLC					
2. Principal Office Address 208 HICKORY DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 208 HICKORY DRIVE Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State LONGWOOD FL		City & State LONGWOOD, FL		5. Date Organized or Qualified To Do Business in Florida 06/01/2002	
Zip 32779	Country US	Zip 32779	Country USA	6. FEI Number 30-0084615	Applied For 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 DAVID A. PHIEL Street Address (P.O. Box Number is Not Acceptable) 208 HICKORY DRIVE Suite, Apt. #, Etc. City LONGWOOD					
State FL Zip Code 32779					
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 <i>David Phiel</i> Date 4/28/04 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	DAVID A. PHIEL	208 HICKORY DRIVE		LONGWOOD, FL 32779	
REINSTATEMENT 2003-2004					
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 <i>David Phiel</i> Date 4/28/04 Daytime Phone # 407.682.5582					
Typed or printed name of signing Managing Member/Manager DAVID PHIEL					