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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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WILLON-MANORS FL 33306						
Size   Zip   Siz	2. New Mailing Address			II '		
1933 NORTHEAST 27TH STREET WILL TO MANORS IT 33306  City, State, Zip  SSO Additional Fee require rear Agent SPIEGEL & UTRERA, PA.  1840 SOUTHWEST 22 STREET 4TH FL  MIAMI FL 33145  City  City  City  City  City  City  City  City  FL  Zip Oode  10Lbeing appointed the registered agent of the above narged limited fability company, am familiar with and accept the obligations of Chapter 688, FS.  Signature of Registered Agent  11. Names and Street Addresse of Each Managing Member/Manager  Title(s)  Name of Managing Member/Manager  Name of Managing Member/Manager  Speet Address of Each  Managing Member/Manager  City / State / Zip  Action  Speet Address of Each  Managing Member/Manager  City / State / Zip  Action  Date3 20 / OV.  REGISTERED  REGISTERED Agent  Speet Address of Each  Managing Member/Manager  Member/Manager  Speet Address of Each  Managing Member/Manager  City / State / Zip  Action  DATE3 3338  CHART (AN SPEED3 3338  PARKER 3 3338  Rott Applicable  Speed Address of New Registered Agent  Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  Date3 20 / OV.  Registered Agent  Title(s)  Registered Agent  Registered A	City, State, Zip			5. Date Organized or Qualified 77/10/2002 07/10/2002		
City State . 2p  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  SPIEGEL & UTRERA, PA.  1840 SOUTHWEST 22 STREET 4TH FL  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip code  1.0. Liberg appointed the registered agent of the above named limiter flability company, arm familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENTAUST SIGN  1.1. Names and Street Addresses of Each Managing Member/Manager  Title(s)  REGISTERED AGENTAUST SIGN  Street Address of Each Managing Member/Manager  Title(s)  REGISTERED AGENTAUST SIGN  STREET AGENTALS STREET AGENTAUST SIGN  REGISTERED AGENTAUST SIGN  REGISTERED AGENTAUST SIGN  STREET AGENTALS STREET AGENTAUST SIGN  REGISTERED AGENTAUST SIG	1933 NORTHEAST 27TH STREET	33 NORTHEAST 27TH STREET		FEI Number 55-078642	Applied For Not Applicable	
SPIEGEL & UTRERA, PA. 1840 SOUTHWEST 22 STREET 4TH FL  MIAMI FL 33145  City  FL  Zip Code  City  FL  Zip Code  Lio. Libeing appointed the registered agent of the above named limiter liability company, am familiar with and accept the obligations of Chapter 608, FS.  Signature of Registered Agent  REGISTERED AGENTAUST SIGN  11. Names and Street Addresses of Each Managing Member/Manager  Title(s)  Name of Managing  Members/Managers  Street Address of Each Managing Member/Manager  City / State / Zip  ARLAND  ARLAND  ARLAND  ARLAND  REINSTATEMENT  2033-04  White control is included to include the control of the control	SHONE (19 C) PAN 33334 F			CERTIFICATE OF STATUS DESIRED	S5.00 Additional Fee required for a Certificate of Status	
SPIEGEL & UTRERA, PA.  1840 SOUTHWEST 22 STREET 4TH FL  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  1.0Lbeing 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  REGISTERED AGENYMUST SIGN  1.1. Names and Street Addresses of Each Managing Member/Manager  Title(s)  Name of Managing Member/Manager  Street Address of Each Managing Member/Manager  Alternal Managing Member/Manager  Street Address of Each Managing Member/Manager  Alternal Managing Member/Manager  City / State / Zip  Aktion Managing Member/Manager  City / State / Zip  City	8. Name and Address of Current	9.	Name and Address of New Regis	tered Agent		
10. Libeing 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 REGISTERED AGENTMUST SIGN  11. Names and Street Addresses of Each Managing Member/Manager  Title(s) Name of Managing Member/Manager Managing Member/Manager Managing Member/Manager Managing Member/Manager Managing Member/Manager Managing Member/Manager OFFICE ACCEPTATE OFFICE OFFICE ACCEPTATE OFFICE	1840 SOUTHWEST 22 STREET 4TH FL					
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Title(s)  Name of Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Manager  (SUO NE UO CI OAKEND PROKET 23335)  AKKIAND PROKET 33335(0.04-01016-010) ***200.00  REINSTATEMENT 2003-04  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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company have been paid. The informal/on indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Signature of Registered Agent R	VATIDA A TOUR EGISTERED AGENT MUST SIGN	10 Aure - Aure - 11500 - 1	- <del>'</del>		
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Signature of SIGNATURED Date 2 15 9 U Daytime Phone #	filing this reinstatement application the reason for all fees owed by the limited liability company ha	or dissolution has been eliminated, th	e limited liability company	name satisfies the requirements of a	section 608.406, F.S., and that	
Typed or printed name of signing Managing Member/Manager	Managing Member/Manage	1)	Date 2	9 U Daytime Phone #	>	