

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 28 AM 9:23

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L02000018797

Choice Picks, LLC

2. Principal Office Address

2009 Moss Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

Country

34698 USA

City & State

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified To Do Business in Florida

7/25/2002

6. FEI Number

320025478

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SAM JACKSON

Street Address (P.O. Box Number is Not Acceptable)

2009 Moss Court

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

Sam Jackson

Date

11/20/2006

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 600	Rick Heineman	1449 Glencoe Ave.	Highland Park, IL 60035
MGRM 400	Michael WARREN	35 WARREN WAY	High Falls, NY 12440
MGRM 600	SAM JACKSON	2009 Moss Court	Dunedin, FL 34698
REINSTATEMENT 05-06 400082033484 11/25/06--01031--004 **200.00			

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

Sam Jackson

Date

11/20/06

Daytime Phone # 727-781-5709

Typed or printed name of signing Managing Member/Manager

SAM JACKSON