1. DOCUMENT #

L02000018974

Name and Mailing Address

Signature of

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

04 JAN 13 PM 2:53

W 01/23/04

0011360 01 AT 0.292 **AUTO T2 2 0615 34761-900975 latintaliadianthamillatelladiadialataladialatal JAY AMBE OF FT. MYERS, L.L.C. 1675 RACHELS RIDGE LOOP OCOEE FL 34761-9009

_ 2003-



Date 11/3/05 Daytime Phone # 4074680719

2. New Mailing Address City, State, Zip				4. State/Country of Formation FL 5. Date Organized of Qualified To Do Business in Florida 07/26/2002		
OCOEE FL 34761	City, Stat	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requi for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent		
PATEL, JAYESH A 1675 RACHELS RIDGE LOOP			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
OCOEE FL 34761		01/13/04-01091004 **50.00				
			City FL zip Code			
Title(s) Name of Members/	REGISTERED AGENT MUST armes and Street Addresses of East Managing Member/Manager Name of Managing Members/Managers		Street Address of Each lanaging Member/Manager		City/State/Zip DD24526700 33-01106-001 **150.00 600(ocl, FL 3476)	
MM Sayesh Pa	utel	1675 P	achels	fidge	600 Cock,	FL 34761
REINSTA	TEWENT	2003-				
I certify that I am managing member filing this reinstatement application that I dees owed by the limited liability of the liability of the limited liability of the limited liability of the liabili	ne reason for dissolution	has been eliminated, the	limited liability co	ompany name satisfie:	s the requirements of section	on 608.406, F.S., and tha