

L02000020446

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 OCT 17 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000020446**

1. Limited Liability Company's Name
Battery For Life, LLC

2. Principal Office Address
2075 Range Road

3. Mailing Office Address
2075 Range Road.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip Country
33765 USA

Zip Country
33765 USA

REINSTATEMENT 7/1/03

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
SPiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc.
4th Floor.

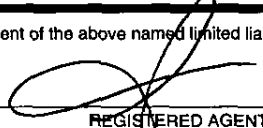
City
Miami

State
FL

Zip Code
33145

500023914855
10/17/03--01090--003 **150.00

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.

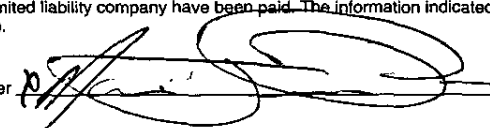
Signature of Registered Agent  Date **10/9/03**

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
OWNER	Pires Maria Filanova	4202 Rotherman, ct	Palm Harbor, FL 34685
OWNER	Chris Polonov	101 POINCIANA LANE	LARGO, FL 33770
VP/OWNER	Paul Isal	4202 Rotherman, ct	Palm Harbor, FL 34685

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  Date **Oct 7, 2003** Daytime Phone # **727-985-5063**

Typed or printed name of signing Managing Member/Manager **y**

CR2E041 (10/02)