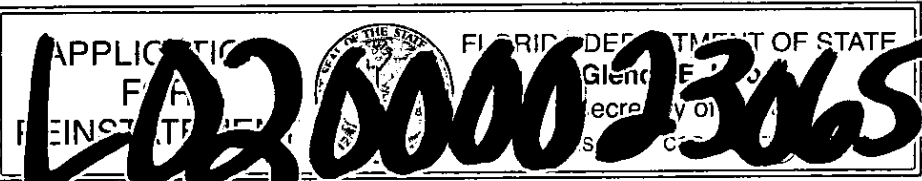


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED  
03 OCT 24 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023065  
Name and Mailing Address

0012439 01 AT 0.292 \*\*AUTO T5 0 0615 33442-770853  
SCHAEFER & FARTHING ENTERPRISES, LLC  
1191 E. NEWPORT CENTER DRIVE  
SUITE 203  
DEERFIELD BEACH FL 33442-7708



US

2. New Mailing Address <u>1191 E. Newport Ctr Dr., PH-D</u>		4. State/Country of Formation FL	
City, State, Zip <u>Deerfield Bch, FL 33442</u>		5. Date Organized or Qualified To Do Business in Florida 09/05/2002	
Principal Place of Business 1191 E. NEWPORT CENTER DRIVE SUITE 203 DEERFIELD BEACH FL 33442 US	3. New Principal Place of Business Address <u>same</u> City, State, Zip	6. FEI Number <u>56-2291959</u>	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 FARTHING, CHARLES C IV 1191 E. NEWPORT CENTER DRIVE SUITE 203 DEERFIELD BEACH FL 33442	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>800024080968</u> <u>10/24/03--01021--004 **150.00</u> City <u>FL</u> Zip Code
--	---

10. 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 [Signature] **SIGNATURE REQUIRED** Date 10/20/03  
REGISTERED AGENT MUST 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
MGRM	FARTHING, CHARLES C IV	1191 E. NEWPORT CENTER DRIVE, STE. 203	DEERFIELD BEACH FL 33442
MGRM	SCHAEFER, THOMAS G	10256 S.W. 20TH STREET	DAVIE FL 33325

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 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 [Signature] **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 954-427-4546  
Typed or printed name of signing Managing Member/Manager Charles C Farthing, IV

REINSTATEMENT 03  
[Signature]