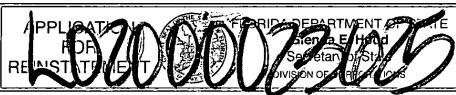
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM.



. DOCUMENT#

L02000023625

Name and Mailing Address

AND

03 NOV 24 AM 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Daytime Phone #

2. New Mailing Address			4. State/Country of Formation		
City, State, Zip			Date Organized or Qualified To Do Business in Florida 09/11/2002		
Principal Place of Business 3721 COUNTRYSIDE RD	3. New Principal Place of Business Address		6. FEI Number Applied For Not Applicable		
SARASOTA FL 34231	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent			
PREWETT, DANIEL L		Name			
5777 BENEVA ROAD SOUTH SARASOTA FL 34233		Street Address (P.O. Box Number is Not Acceptable)			
Λ	\	City Zip Code			
	LA URE REQUIR			Date 11/5/5	3
. Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each Site (State (7 in					
Title(s) Members/Managers		Managing Member/Manager		City / State / Zip	
MGR COHEN, WAYNE A	3721 COUNTR	3721 COUNTRYSIDE RD		SARASOTA FL 34231	
			70: 11/24/(002499310 0301125009 **	*150.00
				X	
12. I certify that I am managing member/manager filing this reinstatement application the reason all fees owed by the limited liability company has if made under oath.	for dissolution has t/et/n eliminated, the	limited liability cor d on this application	mpany name satisfie	s the requirements of section 60	08.406, F.S., and that