
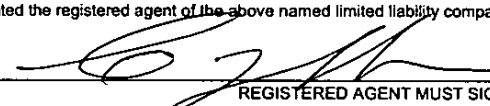
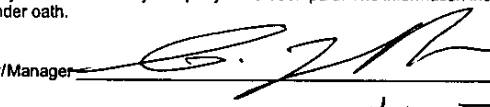


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS <b>09 AUG 26 AM 9:08</b>																												
<b>DOCUMENT #</b> L02000024144																																
<b>1. Limited Liability Company's Name</b> CUT TAX & ACCOUNTING SERVICES, LLC																																
<b>2. Principal Office Address</b> 8798 SE 89 <sup>TH</sup> PLACE Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 831941 Suite, Apt. #, etc.		<b>4. State/Country of Formation</b> FLORIDA <b>5. Date Organized or Qualified To Do Business in Florida</b> 09-17-2002 <b>6. FEI Number</b> 33-1027461 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																												
<b>City &amp; State</b> OCALA FL		<b>City &amp; State</b> OCALA FL																														
<b>Zip</b> 34472	<b>Country</b> MARION	<b>Zip</b> 34483	<b>Country</b> MARION																													
<b>8. Name and Address of Current Registered Agent</b> Name: CLYDE TRIUMPH Street Address (P.O. Box Number is Not Acceptable): 8798 SE 89 <sup>TH</sup> PLACE Suite, Apt. #, Etc.: City: OCALA State: FL Zip Code: 34472																																
<b>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.</b> Signature of Registered Agent:  Date: 08-20-05 REGISTERED AGENT MUST SIGN																																
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MEM</td> <td>CLYDE TRIUMPH</td> <td>8798 SE 89<sup>TH</sup> PLACE</td> <td>OCALA FL 34472</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MEM	CLYDE TRIUMPH	8798 SE 89 <sup>TH</sup> PLACE	OCALA FL 34472																				
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<b>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.</b> Signature of Managing Member/Manager:  Date: 08-20-05 Daytime Phone #: 352-425-0853 Typed or printed name of signing Managing Member/Manager: CLYDE TRIUMPH																																

CR2E041 (10/02)