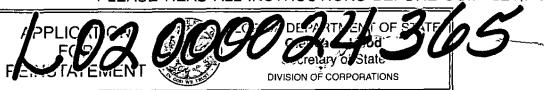
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT #

L02000024365

Name and Mailing Address

03 DEC 12 AM 10: 40 SECRETARY OF STARE TALEAHASSEE FLORIDA

hallandlahlandlandahlandahlahlahlahlahlahla PAUL J. MISKE, PH. D, LLC 2045 S.E. 28TH ST. CAPE CORAL FL 33904-3284



		<u> </u>					
2. New Mailing Address					4. State/Country of Formation		
City, State, Zip					5. Date Organized or Qualified To Do Business in Florida 09/18/2002		
204	lace of Business 45 S.E. 28TH ST.	3. New Principal Place of Busines 923 Del Prado B	cipal Place of Business Address el Prado Blvd #205		6. FEI Number Applied For Not Applicab		
UA	PE CORAL FL 33904	City, State, Zip Cape Coral FL 33	State, Zip e Coral FL 33990		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
MI	SKE, PAUL J		Name				
204	45 S.E. 28TH ST.		Street Address (P.O		S (P.O. Box Number is Not Acceptable) 20024257632 10/30/0301012008 **150.00		
CA	PE CORAL FL 33904						
			City				
10. I, being appointed cregis and age of a above amed limited politic company on familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 10/26/03 REGISTERED AGENT MUST SIGN							
11. Name	s 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		
Pres	Paul J MIŝke	2045 SE	2045 SE 28th St		Cape Coral FL 33904		
			, ,,, M * *				
							
•				-aen	STATES	12/19/	
					MILMEN	1 Dars	
filing t ali fee	fy that I am managing member/ ager of his reinstatement application to real on for a sowed by the limited liability comply have nade under oath.	dissolution has een eliminated, the l	lim <u>it</u> ed liability comp	pany name satisfic	es the requirements of section 60	8.406, F.S., Car trial	
Signature of Managing	of Member/Manage	UTE KEGLINES	A) ate 10,	126/02 1	Daytime Phone # 23/22	42-0588	
Typed or n	rinted name of signing Managing Wimber/	Manager				l.	