

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR FLORENCE DEPARTMENT OF STATE
Glenn E. ...
Secretary of State
DIVISION OF CORPORATIONS

200024387

04 JAN 13 PM 3:59

LA 01/22/04

[illegible]

REINSTATEMENT

2003-
2004

[illegible]

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/Manage

~~NO SIGNATURE REQUIRED~~

Date _____

1.9.03

Daytime Phone #

954-907-5911

Typed or printed name of signing Managing Member/Manager