


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -5 AM 11:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000027830					
1. Limited Liability Company's Name Dink LLC					
2. Principal Office Address 33 W. Church St. Suite, Apt. #, etc. City & State: Orlando, FL Zip 32801 Country USA		3. Mailing Office Address 33 W. Church St. Suite, Apt. #, etc. City & State: Orlando, FL Zip 32801 Country USA		4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 16-1635921 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 Name Christine Farrow Street Address (P.O. Box Number is Not Acceptable) 1813 Maple Leaf Dr. Suite, Apt. #, Etc. City Windemere State FL Zip Code 34786 000029963460 03/05/04--01066--010 **200.00					
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. Signature of Registered Agent Christine Farrow Date 2/26/04 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Mngr.	Dirk Farrow	1813 Maple Leaf Dr.		Windemere, FL 34786	
Mngr.	Robert D. Taylor	7280 Hawksnest Blvd.		Orlando, FL 32835	
REINSTATEMENT		2003 - 2004		3/24/04	
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. Signature of Managing Member/Manager Dirk Farrow Date 2/26/04 Daytime Phone # 407-649-4290 Typed or printed name of signing Managing Member/Manager DIRK FARRAW					