

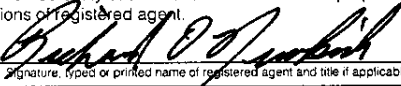



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000029401						FILED NOV -9 PM 1:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name NEWKIRK'S PRESSURE WASHING L.L.C.							
Principal Place of Business 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409		Mailing Address 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409					
2. Principal Place of Business 293 Ponce De Leon St.		3. Mailing Address 293 Ponce De Leon St.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11022004 REIN-LLC		CR2E101 (6/04)	
City & State Royal Palm Beach		City & State Royal Palm Beach		4. FEI Number 42-1586788		Applied For Not Applicable	
Zip 33411		Country USA		3. Mailing Address 293 Ponce De Leon St.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33411		Country USA					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NEWKIRK, RICHARD D 3116 EL CAMINO REAL WEST PALM BEACH, FL 33409				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				293 Ponce De Leon St.			
				City Royal Palm Beach		FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: 				(NOTE: Registered Agent signature required when reinstating)		DATE: 11-2-04	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWKIRK, RICHARD D			NAME	293 Ponce De Leon St.		
STREET ADDRESS	3116 EL CAMINO REAL			STREET ADDRESS	Royal Palm Beach, FL 33411		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409			CITY-ST-ZIP	900042605519 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> Delete		TITLE	11/09/04--01067--004 **55.00		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
REINSTATEMENT 2004							
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 				(NOTE: Registered Agent signature required when reinstating)		DATE: 11-02-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	