GINDA TPARTME OF SATE

OF CONTROL OF CORPORATIONS

1. DOCUMENT#

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Name and Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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O Mary Na-Time Address			A State/Count	w. of Formation	<del></del> -
2. New Mailing Address			4. State/Country of Formation  FL		
City. State, Zip			5. Date Organized or Qualifical To Do Business in Florida 11/15/2002		
Principal Place of Business 1652 MELLON WAY	3. New Principal Place of Busine	New Principal Place of Business Address		6. FEI Number 13-4221020	
SARASOTA FL 34232	City, State, Zip	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED Cor a Certificate of Status	
8. Name and Address of Curr	ent Registered Agent		9. Name and A	Address of New Registered Ag	···
PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233		Name Street Address (P.O. Box Mumber is Not Acceptable)			
$\wedge$		City		FL	Zip Code
10. I, being appointed the registered a set to of the Signature of Registered Agent	e above ramed limiter liab funpany		n and accept the oblig	ations of Chapter 608, F.S.	
11. Names and Street Addresses of Each Mana	ging Member/Manager				
Title(s) Name of Managin Members/Manage		Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM NEIGHBORS, LEE	1852 MELLOT	1852 MELLON WAY		SARASOTA FL 34232	
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		MCI	NSTAT	ENENT 2	053
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12. I certify that I am managing member/managiling this reinstatement application the react all fees owed by the limited liable comparing as if made under oath.  Signature of Managing Member/Manage  Typed or printed name of signing Managing Mem	dissolution has been eliminated, the been paid. The information indicate REQUIRED	limited liability o ed on this applica	ompany name satisfie tion is true and accura	s the requirements of section 60	08.406, F.S., and that the same legal effect