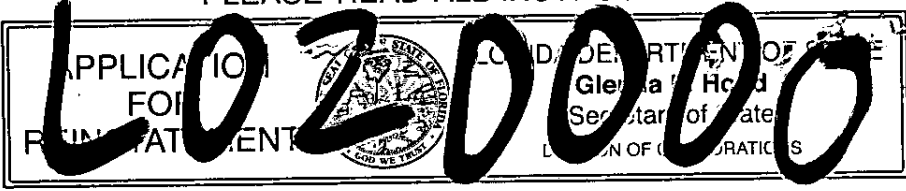


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



L02000031779

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 22 AM 10:56

LR 1/05/04

1. DOCUMENT # L02000031779
Name and Mailing Address

0015973 01 MB 0.309 **AUTO T9 0 0615 32405-760602
SUITE 2, LLC
1827 HARRISON AVENUE
BUILDING #2
PANAMA CITY FL 32405-7606



US **REINSTATEMENT 2003**

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/26/2002	
Principal Place of Business 1827 HARRISON AVENUE BUILDING #2 PANAMA CITY FL 32405 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2311948	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 WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY FL 32401	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 ~~SIGNATURE REQUIRED~~ Date 12/17/03
REGISTERED AGENT MUST SIGN

11. Names 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
MGRM	DIETRICH, DAVID R	1827 HARRISON AVENUE, BUILDING #2	PANAMA CITY FL 32401
MGRM	GAISER, CORY R	1827 HARRISON AVENUE, BUILDING #2	PANAMA CITY FL 32401
MGRM	NOBLE, MICHAEL C	1827 HARRISON AVENUE, BUILDING #2	PANAMA CITY FL 32401
MGRM	WILLIAMS, RAFAEL M	1827 HARRISON AVENUE, BUILDING #2	PANAMA CITY FL 32401

600024866076
11/20/03--01004--014 **150.00

REINSTATEMENT 2003

12. I certify that I am managing member/manager, 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 ~~SIGNATURE REQUIRED~~ Date 12/17/03 Daytime Phone # 850-785-6980
Typed or printed name of signing Managing Member/Manager Cory R. Gaiser, DO.

CR2E034 (7/03)