PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 APR 30 A 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032827

1. Limited Liability Company's Name

ROBCO PROPERTIES, LLC

2. Principal Office Address	3. Mailing Office Address
1270 Shadowmoss Circle	1270 Shadowmoss Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Mary, Florida 32746	City & State: Lake Mary, Florida 32746
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/09/2002

6. FEI Number: [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: ROBERT STEPHENSON

Street Address (P.O. Box Number is Not Acceptable): 1270 SHADOWMOSS CIRCLE

Suite, Apt. #, Etc.:

City: LAKE MARY State: FL Zip Code: 32746

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 _____ Date 4/30/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	ROBERT STEPHENSON	1270 Shadowmoss Circle	Lake Mary, Florida 32746

REINSTATEMENT

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 _____ Date 4/30/04 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager Robert Stephenson

Florida Department of State
Division of Corporations
Public Access System

M179-1

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LIMITED LIABILITY REINSTATEMENT

ROBCO PROPERTIES, LLC

Certificate of Status	0
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