

L02000033129

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
04 MAY 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003-2004

500036962055
05/20/04--01049--007 **200.00

DOCUMENT #
1. Limited Liability Company's Name
L02000033129
12503 SHAGON DEVELOPMENT, LLC

2. Principal Office Address 3421 N. LAKEVIEW DR. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State TAMPA FL		City & State	
Zip 33618	Country	Zip	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business In Florida 12/10/02	
6. FEI Number 90-0062047	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CLAIK DELASIN

Street Address (P.O. Box Number is Not Acceptable)
3421 N. LAKEVIEW DRIVE

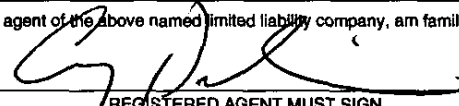
Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33618

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.

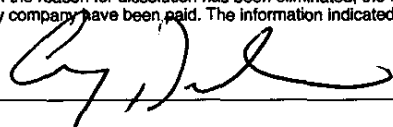
Signature of Registered Agent  Date 5-17-04

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
MEM	CLAIK DELASIN	3421 N. LAKEVIEW DR.	TAMPA FL 33618

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 5-17-04 Daytime Phone# 813-265-3955

Typed or printed name of signing Managing Member/Manager CRAIK DELASIN

CR2E041 (10/02)