PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY LINSTATEME	FLORINA EPIRAME IT OF STATE Secretar of Late DIVISION OF LACE PRATIONS	FILE OF STATIONS IN THE PROPERTY TOUS  O. JUN 24 TH 5: 45
DOCUMENT # しのんの000 ううんし I  1. Limited Liability Company's Name		LL07/02/04
SEAREN	// C	800038167358 06/22/0401068001 **200.00
REINSTATEMENT  2. Principal Office Address	2 × 3 × 2 co 4  3. Mailing Office Address	06/22/0401068001 **200.00 -
MY DIG OBY LM	1719 BIL DAK LN. Suite, Apt. #, etc.	4. State/Country of Formation FLOGLOR U.S.R.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida
City & State  KISIMMEE FL.	City & State	6. FEI Number Applied For
Zip 34746 Country	Zip Country	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name MANOHARA P NAIODO		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City Wissimm	CÆ	State Zip Code FL 3-2 4-7 44 4
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  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Managing Members/Members/Managing Members/Managing Members/Managing Members/Managing Members/M	<u> </u>	nager City / State / Zip
MANDHARA NO	4,000 150 SIWL200 8	0 #A Kiss, FL. 34744
REINSTATEIV	2003-2004 IEIVI	
filing this reinstatement application the reason for	or dissolution has been eliminated, the limited liability comve been paid. The information indicated on this application.  Date	pplication as provided for in chapter 608, F.S. I further certify that when npany name satisfies the requirements of section 608.406, F.S., and that in is true and accurate, and my signature shall have the same legal effect