


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:52

1. DOCUMENT # L02000033639

Name and Mailing Address

0004192 01 AT 0.292 **AUTO TB 0 0615 32937-535425



LANSING INVESTMENTS, LLC
125 LANSING ISLAND DRIVE
INDIAN HARBOR BEACH FL 32937-5354

600024530526
11/10/03--01009--024 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/13/2002	
Principal Place of Business 125 LANSING ISLAND DRIVE INDIAN HARBOR BEACH FL 32937	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	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 MCCALLEY, KARL 243 125 LANSING ISLAND DRIVE INDIAN HARBOR BEACH FL 32937	9. Name and Address of New Registered Agent Name: <u>McCalley, Karl</u> Street Address (P.O. Box Number is Not Acceptable): <u>243 Lansing Island Drive</u> <u>Indian Harbor Beach</u> City: <u>FL</u> Zip Code: <u>32937</u>
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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: Karl McCalley **REQUIRED** Date: _____

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
MGR	MCCALLEY, KARL	125 LANSING ISLAND DRIVE	INDIAN HARBOR BEACH FL 32937

12. 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: Karl McCalley **REQUIRED** Date: 4-3-03 Daytime Phone #: 821 777 2111

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)