

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000034034

LIMITED LIABILITY COMPANY REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

04/20/04 04 APR 20 PM 12:04

REINSTATEMENT DOCUMENT # **2003-2004**

1. Limited Liability Company's Name
Swordfish Holdings LLC
L02000034034

2. Principal Office Address
1916 East Windwood Way
 Suite, Apt. #, etc.

3. Mailing Office Address
Same
 Suite, Apt. #, etc.

City & State
Tallahassee Florida

Zip Country
32311 USA

4. State/Country of Formation
2/18/02

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
Allen Matham Jr

Street Address (P.O. Box Number is Not Acceptable)
1916 East Windwood Way

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32311

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 **[Signature]** Date **4/20/04**

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
MGRM	Allen Matham Jr	1916 East Windwood Way	Tallahassee, FL 32311
MBRM	Deborah P. Matham	1916 East Windwood Way	Tallahassee, FL 32311

REINSTATEMENT 2003-2004

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 04/21/04 01017-011 **205.00

11. I certify that I am managing member/manager of 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]** Date **04/20/04** Daytime Phone **(850) 528-3607**

Typed or printed name of signing Managing Member/Manager **Allen Matham Jr**

CR2E041 (9/01)