

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

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

LO20000034034

2. Principal Office Address

1916 East Windward Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee Florida

Zip

32311

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FL 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 Windward Way

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

4/20/04

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 | Allen Matham Jr | 1916 East Windward Way | Tallahassee, FL 32311 |
| MBRM | Deborah P. Matham | 1916 East Windward Way | Tallahassee, FL 32311 |
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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