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The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree, a sun, and a ship. The shield is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

700024566417
07/14/04--01062--001 **50.00



2. New Mailing Address 18 River Mead City, State, Zip Avon, CT 06001		4. State/Country of Formation FL													
3. New Principal Place of Business Address 3100 NE 48th St #710 City, State, Zip Fort Lauderdale, FL 33308		5. Date Organized or Qualified To Do Business in Florida 12/30/2002													
Principal Place of Business 3100 NE 48TH STREET, #710 FORT LAUDERDALE FL 33308		6. FEI Number 03-0506051													
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable \$5.00 Additional Fee required for a Certificate of Status													
8. Name and Address of Current Registered Agent CALDWELL, LORRAINE 3100 NE 48TH STREET, #710 FORT LAUDERDALE FL 33308		9. Name and Address of New Registered Agent Name Lorraine Caldwell Street 3100 NE 48th Street #710 City Fort Lauderdale State FL Zip Code 33308-4944													
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 Lorraine Caldwell Date 11/6/03 7/7/04 REGISTERED AGENT MUST SIGN															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 35%;">Name of Managing Members/Managers</th> <th style="width: 35%;">Street Address of Each Managing Member/Manager</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;"> 7800024566417 11/10/03--01074--005 **150.00 </td> <td></td> </tr> <tr> <td>President</td> <td>LORRAINE CALDWELL</td> <td>18 River Mead</td> <td>Avon, CT 06001</td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip			7800024566417 11/10/03--01074--005 **150.00		President	LORRAINE CALDWELL	18 River Mead	Avon, CT 06001
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip												
		7800024566417 11/10/03--01074--005 **150.00													
President	LORRAINE CALDWELL	18 River Mead	Avon, CT 06001												
REINSTATEMENT 2003-04															
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 Lorraine Caldwell Date 11/6/03 7/7/04 Daytime Phone (860) 409-0542 Typed or printed name of signing Managing Member/Manager LORRAINE CALDWELL															