L03000002255

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000002255

1. Entity Name
ARIES, LLC

Principal Place of Business	Mailing Address
1983 CENTRE POINTE BLVD., SUITE 100 TALLAHASSEE, FL 32308	1983 CENTRE POINTE BLVD., SUITE 100 TALLAHASSEE, FL 32308

2. Principal Place of Business	**3.** Mailing Address
2121 McGregor Blvd.	2121 McGregor Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Ft. Myers, FL 33901	Ft. Myers, FL 33901

Zip	Country	Zip	Country
33901	USA	33901	USA

10252004   REIN-LLC   CR2E101 (6/04)

4. FEI Number — Applied For — **X** Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HUGHES, A. JOHN JR. 2121 MCGREGOR BLVD. FORT MYERS, FL 33901	Name Street Address (P.O. Box Number is Not Acceptable)

City   FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   10/25/04 DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00 After January 1, 2005, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MP NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		Member PSW Holding AB Hagenholzstrasse 60 Postfach, 8050 Zurich Switzerland	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT 2004 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		500042410015 11/02/04--01074--009 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   10/25/04   239. 337-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #