

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC -2 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000008214**

**1. Limited Liability Company's Name**  
Bulldog Products, LLC

<b>2. Principal Office Address</b> 6200 Metroplex Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 6200 Metroplex Drive Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33912	Country Lee	Zip 33912	Country Lee

<b>4. State/Country of Formation</b> FL/Lee	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 3/6/03	
<b>6. FEI Number</b> 56-2316859	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name: Gregory Allowe

Street Address (P.O. Box Number is Not Acceptable): 6200 Metroplex Drive

Suite, Apt. #, Etc.:

City: Ft. Myers      State: FL      Zip Code: 33912

**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:      Date: 9/30/04

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	Gregory Allowe	6200 Metroplex Drive	Ft. Myers, FL 33912

108842367731  
11/01/04--01083--003 \*\*150.00

**11. 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:      Date: 9/30/04      Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Gregory Allowe, MGRM

CR2E041 (10/02)