


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 DEC -2 AM 11:00

<b>DOCUMENT # L03000009371</b>					
<b>1. Entity Name</b> S&N SRABIAN LLC					
<b>Principal Place of Business</b> <del>6900 - 30 DANIELS PARKWAY</del> FORT MEYRS, FL 33912			<b>Mailing Address</b> <del>6900 - 30 DANIELS PARKWAY</del> FORT MEYRS, FL 33912		
<b>2. Principal Place of Business</b> 16877 Colony Lakes Suite, Apt. #, etc.		<b>3. Mailing Address</b> 16877 Colony Lakes Blvd Suite, Apt. #, etc.			
City & State Ft. Myers Fl.		City & State Ft. Myers, Fl.		<b>4. FEI Number</b> 45-0506335	
Zip 33908		Country U.S.A.		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PHOENIX, CHARLES P.T. <del>1033 HENDRY STREET</del> FT. MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive Suite 260 City Fort Myers FL Zip Code 33907		
<b>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.</b>  SIGNATURE _____ DATE <u>29 November 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> 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	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE <u>MEMBER</u> NAME <u>John Steven Srabian</u> <input type="checkbox"/> Delete STREET ADDRESS <u>16177 Colony Lakes Blvd.</u> CITY-ST-ZIP <u>Ft. Myers Fl. 33908</u>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>11/29/04</u> Daytime Phone # <u>239-823-2807</u>	

REINSTATEMENT

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