

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG -8 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900108374839  
08/21/07--01026--003 \*\*200.00

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LC9000012126

1. Limited Liability Company's Name

4 Let's Go LLC

W07-35776

2. Principal Office Address - No P.O. Box #

201 EAST JEFFERSON STREET

Suite, Apt. #, etc.

Suite 334

City & State

SYRACUSE, NY

Zip

13203

Country

USA

3. Mailing Office Address

STREET

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

4/3/2003

6. FEI Number

54-2109095

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

XXXXXXXXXXXXXXXXXXXX

Street Ad

Gary Ryan Blair

Suite, Ap

36181 East Lake Road

City

Suite 139  
Palm Harbor, FL 34685

City

SYRACUSE

FL

ip Code

A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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 7-15-07

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
<u>PRES</u>	<u>GARY RYAN BLAIR</u>	<u>36181 EAST LAKE RD</u> <u>Suite 139</u>	<u>PALM HARBOR, FL</u> <u>34685</u>

REINSTATEMENT

2004-2007

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

[Signature]

Date 7-15-07 Daytime Phone 8774625748

Typed or printed name of signing Managing Member/Manager

GARY RYAN BLAIR