PLEASE READ ALL INSTRUCTION BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE	
COMPANY Secretary of State	2007 AUG -8 AM 8: 56
REINSTATEMENT DIVISION OF CORPORATIONS	
To The state of th	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT# 18288810101	TALLAHASSEE, FLORIDA
DOCUMENT# 10900012126	10111074
1. Limited Liability Company's Name	İ
11 15+3 60 666	900108374839
4 60	900108374839 08/21/0701026003 **200.00
1100 25001	
WO'[-00'1'16	CR2E041 (1/07)
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address	
201 EAST JETGERSAN STREET	4. State/Country of Formation
Suite, Apt. #, etc.	F LOKIDA
Suite 334	5. Date Organized or Qualified To Do Business in Florida 4/3/2003
City & State City & State	7/3/2003
SURACUSE (/Y)	6. FEI Number Applied For
Zip Country Zip Country	7. Not Applicable
13203 USA	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent	- /
Name fill I I I I I I I I I I I	A \$100 reinstatement fee is imposed, except
	in circumstances which the entity did not
Street Ad Gary Ryan Blair . +	receive the prior notices. By checking this
36181 East Lake Road	box, you are certifying the prior notices were
Suite, Ap Suite 139	not received and requesting the \$100
Palm Harbor, FL 34685	reinstatement be waived.
I City in Code	
SYPACUE FL	
I City in Code	accept the obligations of Chapter 608, F.S.
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.
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and Signature of Registered Agent	accept the obligations of Chapter 608, F.S. Date
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