PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE	
REINSTATEMENT	DIVISION OF CORPORATIONS	ıv - ≤ PM 1:11
4 (dayled (backets Administration)	01/01/	ARY OF STACE HASSEE FLORIDA
2. Principal Office Address P.O. Box 2373	3. Mailing Office Address	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida, USA 5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 6/13/2002
Bonita Springs, Fl		6. FEI Number 20-0282-112 Not Applicable
34/33 Country USA	Zip Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Scremy Ofterhout		
Street Address (P.O. Box Number is Not Acceptable) 1-8403 Heather Road		
Suite, Apt. #, Etc.		
City Ft. Myers State Zip Code FL 339/2		
9. 1, 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 1//3/04 REGISTERED AGENT MUST SIGN		
	GISTERED AGENT MUST SIGN	7 7 / 5
10. Names and Street Addresses of Managing Men Titles Name of	Street Address of Each	Chyl Outs (7)
Managing Members/ Manage		
MGEN Daniel Wolkoff	PO Box 2373	Bouita Springs, FL 34133
	·	
		600042524866 11/05/0401050019 **150.00
REINSTATEMENT 2004		
11 Local for the state of the s		
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 filling 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 1//3/04 Daytime Phone # 239-390-33/16		
Typed or printed name of signing Managing Member/Manager		