


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 22 PM 2:19

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04-05 06-07
28

DOCUMENT # L03000024427

800130684838
06/03/08--01029--009 **438,75

CRZED41 (12/07)

1. Limited Liability Company's Name

2. Principal Office Address - No P.O. Box # 1932 Brantley Circle Suite, Apt. #, etc.		3. Mailing Office Address Post Office Box 981 Suite, Apt. #, etc.	
City & State Clermont, Florida		City & State Windermers, Florida	
Zip 34711	Country USA	Zip 34786	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
July 3, 2003

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED YES NO

8. Name and Address of Current Registered Agent

Name
Alan Bruns

Street Address (P.O. Box Number is Not Acceptable)
1932 Brantley Circle

Suite, Apt. #, Etc.

City
Clermont, Florida

State
FL

Zip Code
34711

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 *Alan Bruns* Date 6/30/08

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	Alan Bruns	1932 Brantley Circle	Clermont, Florida 34711
MGR	Karen Bruns	1932 Brantley Circle	Clermont, Florida 34711
			800130684838 07/29/08--01006--019 **35.00

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 608.403, 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 *Alan Bruns* Date 6/30/08 Daytime Phone # 407-827-4338

Typed or printed name of signing Managing Member/Manager: Manager