
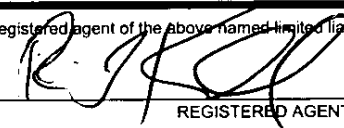


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>07 JUL 20 PM 3:45</p> <p>CR2E041 (1/07)</p>	
<b>DOCUMENT #</b> <u>L03000028864</u>					
<b>1. Limited Liability Company's Name</b>  TERSALDAN, LLC					
<b>2. Principal Office Address - No P.O. Box #</b> 256 Grove Street <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b>  <small>Suite, Apt. #, etc.</small>		<b>4. State/Country of Formation</b> Sarasota County, Florida	
<b>City &amp; State</b> Venice, FL		<b>City &amp; State</b>  		<b>5. Date Organized or Qualified To Do Business in Florida</b> 8/1/2003	
<b>Zip</b> 34285	<b>Country</b> USA	<b>Zip</b> 	<b>Country</b> 	<b>6. FEI Number</b> 56-2385348	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>					
<b>8. Name and Address of Current Registered Agent</b>					
<b>Name</b> Robert T. Klingbeil, Jr.					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 341 W. Venice Avenue					
<b>Suite, Apt. #, Etc.</b> 					
<b>City</b> Venice		<b>State</b> FL	<b>Zip Code</b> 34285		
<b>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.</b>					
<b>Signature of Registered Agent</b> <u></u>			<b>Date</b> <u>7/9/07</u>		
<b>REGISTERED AGENT MUST SIGN</b>					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>		<b>City / State / Zip</b>	
<u>MEM</u> <u>W/M</u>	Terry P. Hirter	256 Grove Street		Venice, FL 34285	
<u>MEM</u> <u>W/M</u>	Sarah C. Hirter	256 Grove Street		Venice, FL 34285	
<p>300105642349 07/24/07--01054--007 **2007</p> <p>REINSTATEMENT 2004-2007</p>					
<b>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.</b>					
<b>Signature of Managing Member/Manager</b> <u>Sallie C. Hirter</u> <b>Date</b> <u>7/16/07</u> <b>Daytime Phone #</b> <u>931-707-9703</u>					
<b>Typed or printed name of signing Managing Member/Manager</b> <u>Sallie C. Hirter</u>					