


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000031444		
1. Entity Name PETER AND PAULINE OF FLORIDA, LLC		

Principal Place of Business 1615 GULF WAY ST PETERSBURG BEACH, FL 33706	Mailing Address 1615 GULF WAY ST PETERSBURG BEACH, FL 33706
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2. Principal Place of Business 3632 W. Cypress St. Suite, Apt. #, etc.	3. Mailing Address 3632 W. Cypress St. Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33607	Country Hillsborough

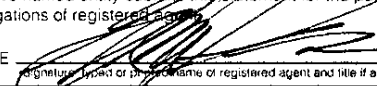


10212004 REIN-LLC CR2E101 (6/04)

4. FEI Number none	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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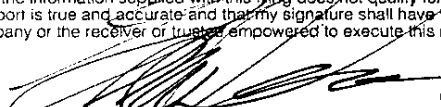
6. Name and Address of Current Registered Agent CALOMIRIS, GEORGE P 4615 GULF WAY ST PETERSBURG BEACH, FL 33706	7. Name and Address of New Registered Agent Name George P. Calomiris Street Address (P.O. Box Number is Not Acceptable) 3632 W. Cypress Street City Tampa FL Zip Code 33607
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  George P. Calomiris	DATE 11/04/2004

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 04 BJA
USD

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.	
SIGNATURE:  George P. Calomiris	DATE 11/04/2004