<u>'</u>		PLEASE READ /	ALL INST	RUCT	IONS BEFORE (COMPLETI	NG THIS FORM FI	LED	
PLEASE READ ALL INSTRUCTIONS BEFORE C LIMITED LIABILITY COMPANY REINSTATEMENT PLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS							DIVISION OF C	Y OF STATE CORPORATION: AM IO: 22	
DOCUMENT # L03000034095 1. Limited Liability Company's Name Pegasus Land Development LLC									
2. Principal Office Address 116 7th Avenue No P.O. Box 2052						- 8	CR2E041 (8/05)		
			Suite, Apt. #, e	#, etc.		Florida 5. Date Organ	State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 09082003		
St Petersburg, Fl.			St Pete	St Petersburg Fl		20020	04030	Applied For Not Applicable	
^{Zip} 3370	1	Country	33731		Country	7.	\$5.00	Additional Fee required a Certificate of Status	
	8. Name and Address of Current Registered Agent								
	Gary M Ruehle								
	Street Address (P.O. Box Number is Not Acceptable)								
	Suite, Apt. #, Etc.								
	st pe	etesburg,					FL 33701		
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 03, 22, 2006									
Registered /		EXCUSE III RE	Kuch B EGISTERED AGE	ENT MUS1	T SIGN		Date 03-22-2006	<u> </u>	
10. Name	es and Street	t Addresses of Managing Mem	nbers/Managers						
Titles	Name of Managing Members/ Managers			ļ	Street Address of Each Managing Member/ Manager		City / State /	/ Zip	
MGRM	Gary M Ruehle			116 7	7th Aevnue Nor	rth	St Petersburg, F	FI. 33701	
MGRM	Robert Anderson			1634	Sunset Pt R		Clearwater, Fl		
ļ						กฉวังผิ	100802705 70601055009	586 **250.00	
					PEN	TATEK	EMENT 04	1-06	

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.

Managing Member/Manager

_____ Date 03-22-2006 Daytime Phone # 727-776-9264

Typed or printed name of signing Managing Member/Manager Gary M Ruehle