

NOV. 30. 2005 10:23AM

NO. 3631 P. 2/2


FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AM 9:05

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC -5 AM 9:05

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000035292

1. Limited Liability Company's Name
LEAD FACTORY L.L.C.

2. Principal Office Address 2170 West State Rd. 434		3. Mailing Office Address 5153 SW 79th Terr	
Suite, Apt. #, etc. Suite 360		Suite, Apt. #, etc.	
City & State Orlando, FL.		City & State Gainesville, FL.	
Zip 32779	Country USA	Zip 32608	Country USA

State/Country of Formation
Florida / USA

4. Date Organized or Qualified To Do Business in Florida
09/17/2003

5. FEI Number
20-3844703

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 *[Signature]* Date **11/30/05**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Scott Schuppie	5153 SW 79th Terr	Gainesville, FL. 32608
Manager	Joseph Nemchick	310 Heathwood Ct.	Winter Springs, FL. 32708

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REINSTATEMENT
NOV 04 2005

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.

Signature of Managing Member/Manager *[Signature]* Date **11/30/2005** Daytime Phone # **352.494.7338**

Typed or printed name of signing Managing Member/Manager **Scott Schuppie**