
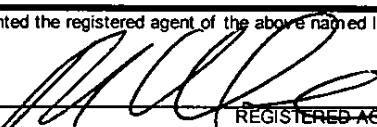
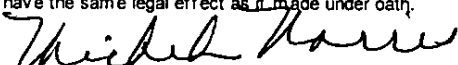


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000036743			
1. Limited Liability Company's Name 1ST AFFINITY MANAGEMENT GROUP, LLC			
2. Principal Office Address 5913 Cherry Oak Drive Suite, Apt. #, etc.		3. Mailing Office Address 5913 Cherry Oak Drive Suite, Apt. #, etc.	
City & State Valrico, FL		City & State Valrico, fl	
Zip 33594	Country USA	Zip 33594	Country USA
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 09/23/2003	
6. FEI Number 20-0195665		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Rory B. Weiner, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 669A West Lumsden Road			
Suite, Apt. #, etc.			
City Brandon		State FL	Zip Code 33511
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 		Date 12/22/05	
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Norris, Michele	5913 Cherry Oak Drive	Valrico, FL 33594
MGRM	Norris, Alvin	5913 Cherry Oak Drive	Valrico, FL 33594
MGRM	McIlwain, Sarah	3422 Pine Top Drive	Valrico, FL 33594
MGRM	McIlwain, Samuel	3422 Pine Top Drive	Valrico, FL 33594
			Valrico, FL 33594
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 		Date 12/22/05	
Typed or printed name of signing Managing Member/Manager Michele Norris		Daytime Phone # (813) 245-0148	

CR2E041 (10/02)