


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -8 AM 9:10

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000038614

1. Limited Liability Company's Name
Miner-Stine LLC

2. Principal Office Address 913 SW 104th St. Suite, Apt. #, etc.		3. Mailing Office Address 913 SW 104th St. Suite, Apt. #, etc.	
City & State Gainesville, FL Zip 32607 Country USA		City & State Gainesville, FL Zip 32607 Country USA	

4. State/Country of Formation
Florida/Alachua

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name: John S. Winnie, Esq.

Street Address (P.O. Box Number is Not Acceptable): 3520 NW 43rd St.

Suite, Apt. #, Etc.

City: Gainesville State: FL Zip Code: 32606

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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: *John S. Winnie* Date: November 16, 2005

REGISTERED AGENT MUST SIGN

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
Manager	Allen E. Stine MGR/IA	913 SW 104th St.	Gainesville, FL 32607

REINSTATEMENT 04-05

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: *Allen E. Stine* Date: Daytime Phone #: 352-318-2919

Typed or printed name of signing Managing Member/Manager: Allen E. Stine