
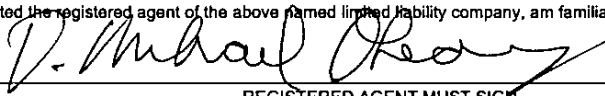
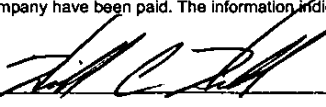


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000040472			
1. Limited Liability Company's Name Creighton Evans Enterprises, LLC			
2. Principal Office Address 16205 Sentry Woods Court		3. Mailing Office Address 16205 Sentry Woods Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Odessa, Florida		City & State Odessa, Florida	
Zip 33556	Country USA	Zip 33556	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 10/22/03	
6. FEI Number 20-0335425		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 D. Michael O'Leary, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Boulevard			
Suite, Apt. #, Etc. Suite 2700			
City Tampa			
600049737276 04/04/05--01003--025 **200.00 State Zip Code FL 33602			
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 3/11/05	
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
M/Mgr	William C. Williams	16205 Sentry Woods Court	Odessa, FL 33556
M/Mgr	Cary E. White	16205 Sentry Woods Court	Odessa, FL 33556
REINSTATEMENT 2004-2005			
			
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		Date 3/13/05	
Typed or printed name of signing Managing Member/Manager William C. Williams, Manager		Daytime Phone # 813-276-6554	

CR2E041 (10/02)