


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 9:25

DOCUMENT # L03000048865 1. Entity Name A&T MANAGING & DEVELOPING, LLC					
Principal Place of Business C/O ALFREDO SEIDNER 12710 CASEY RD TAMPA, FL 33618			Mailing Address C/O ALFREDO SEIDNER 12710 CASEY RD TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02242005 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
G&L AGENT SERVICES, INC. 390 N ORANGE AVE, STE 600 ATTN: PRESIDENT ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Delete				Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				000050509760 04/12/05--01006--009 **200.00	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: _____ Daytime Phone #: _____	