2004 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L03000050184

1. Entity Name
ALEXANDER LYASHENKO, LLC

Principal Place of Business	Mailing Address
792 LEHIGH RD. VENICE, FL 34292	792 LEHIGH RD. VENICE, FL 34292

2. Principal Place of Business	3. Mailing Address
792 Lehigh Rd	792 Lehigh Rd
Suite, Apt. #, etc. Venice Fl	Suite, Apt. #, etc. Venice
City & State Fl	City & State Fl
Zip 34293 Country Sarasota	Zip 34293 Country Sarasota

11012004   REIN-LLC   CR2E101 (6/04)

4. FEI Number	Applied For
	X Not Applicable

5. Certificate of Status Desired X **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYASHENKO, ALEXANDER 792 LEHIGH RD. VENICE, FL 34292	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _A. Lyashenko_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE _11-10-04_

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LYASHENKO, ALEXANDER		NAME			
STREET ADDRESS	792 LEHIGH RD.		STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34292		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	600042704886	☐ Change	☐ Addition
NAME			NAME	11/12/04--01074--018 **155.00		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☒ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	REINSTATEMENT 2004	☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	11-22 MSC		
CITY-ST-ZIP			CITY-ST-ZIP			

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.

SIGNATURE: _A. Lyashenko_   _11-10-04_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #