

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000052690 1. Entity Name PROMO ONE SOURCE, LLC						FILED 04 NOV -5 PM 5:37 SECRETARY OF STATE TALLAHASSEE FLORIDA MJH	
Principal Place of Business 11959 US HIGHWAY 301 NORTH THONOTOSASSA, FL 33592				Mailing Address 11959 US HIGHWAY 301 NORTH THONOTOSASSA, FL 33592			
2. Principal Place of Business Home office Suite, Apt. #, etc.		3. Mailing Address 11959 US Hwy 301 N Suite, Apt. #, etc.					
City & State Thonotosassa Florida		City & State Thonotosassa Florida		4. FEI Number 200514183		Applied For <input type="checkbox"/> Not Applicable	
Zip 33592	Country Hillsborough	Zip 33592	Country Hillsborough	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CEPERO, LEE 11959 US HIGHWAY 301 NORTH THONOTOSASSA, FL 33592				7. Name and Address of New Registered Agent Name CEPERO LEE Street Address (P.O. Box Number is Not Acceptable) 11959 US Hwy 301 N City Thonotosassa FL Zip Code 33592			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE Oct 18 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE mgr <input type="checkbox"/> Delete NAME Cepero LEE STREET ADDRESS 11959 US Hwy 301 N CITY-ST-ZIP Thonotosassa FL 33592				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE Oct-18-2004 813 598-1234 <small>Daytime Phone #</small>			