## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUI  1. Entity Nam  A STEP U	e	# L03000057 co.	7586						
Principal Place of Business Mailing Address 17425 INGRAM RD 17425 INGRAM RD FORT MYERS, FL 33912 FORT MYERS, FL 33912							2005 APR -8 Secretary	GF ST.TE	
2. Principal P			3. Mailing Address						
Suite, Apt.		ч 147.	Suite, Apt. #, etc.			03282005	REIN-LLC CR	2E101 (6/04)	
City & State	, 5 k z	FL	City & State			4. FEI Numb	809659		plied For t Applicable
33912		Country LE E	Zip	Cour	ntry		e of Status Desired	\$5.00 Add	itional
		and Address of Curren	t Registered Agent			7. Name an	d Address of New Registere	<u> </u>	
SKEHAN,	PATRICK	J		Name NONE					
17424 KEN	NTUCKY F	ROAD		Street A		ss (P.O. Box Number is Not Acceptable)			
, , , , , , , , , ,	,,,					·			
					City		<del>-</del>	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 Signature, typed or printed name of physicined agent and bite if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Sharman librar or hardon raine of Policiaco officir ou mon unburcano. (una re-undireta arbaira adharan anias (anaterial).									
FILE NOW!!! FEE IS \$200.00						Make check payable to Florida Department of State			
9.	Luco	MANAGING MEME		10.	- 1 ·		ADDITIONS/CHANG		- Addition
NAME	MGR SKEHAN	, PATRICK J	☐ Delete	TITL	NE .			☐ Change	Addition
STREET ADDRESS CITY-\$1-2IP	1	NTUCKY ROAD ERS, FL 33912			EET ADDRESS (-ST-ZIP				
TITLE	MGR		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS	SKEHAN 17424 KE	, AMY 1 ENTUCKY ROAD		NAME STREET ADDRESS		300053926153 : 05/05/0501066013 **200.00			
CITY-ST-ZIP	FORT MY	/ERS, FL 33912		_	r-ST-ZIP	00/ 0/	24.0201000013		
NAME			Delete	TITL NAM				Change	☐ Addition ¹
STREET ADDRESS CITY-ST-ZIP					EET ADORESS (-ST-ZIP				
TITLE			☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS				NAN STR	ME EET ADDRESS		/		
CITY-SI-ZIP				CITY	(-ST-ZIP		'b		
TITLE NAME			Delete	TITE				☐ Change	Addition
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP					/-ST-ZIP			Change	Addition :
NAME			☐ Delete	NAN				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-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: Patrik & Shehr 3-30-05 239-415-9255									
SIGNATURE: 5 5 0 0 5 239-45-3235 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Device Prone #									
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