

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04D00011483

1. Limited Liability Company's Name
LESH & ASSOCIATES LLC

420098028532450.00

2. Principal Office Address 6090 S WILLIAMSON BLVD Suite, Apt. #, etc.		3. Mailing Office Address S AMB Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State PORT ORANGE, FL		City & State		5. Date Organized or Qualified To Do Business In Florida 2/12/2004	
Zip 32128	Country	Zip	Country	6. FEI Number 69-0829464	
				Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

10-21-05 01026 017 \$130.00

8. Name and Address of Current Registered Agent

Name **CHARLES E LESH**

Street Address (P.O. Box Number is Not Acceptable)
6090 S WILLIAMSON BLVD

Suite, Apt. #, Etc.

City **Port Orange** State **FL** Zip Code **32129**

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 **11/22/05**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHARLES E LESH	6090 S WILLIAMSON BLVD	PORT ORANGE, FL 32128

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 608.408, 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 **10/18/05** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **CHARLES E LESH**