## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY			DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  06 NOV 16 AM 9:41	
1. Limited Li	IMENT # L 0400 Liability Company's Name Te Gutter Ex	100 13 L perts,			<b>4</b> 41	
<b>2</b> = 1					CR2E041 (8/05)	
2. Principal Office Address  3. Mailing P.C. Suite, Apt. #, etc.  Suite, Apt.			Office Address BOX 57097 etc.	5. Date Orga	untry of Formation Florida USA anized or Qualified Isiness in Florida 2.00	
City & State  OR A  Zip 328	ndo Fl 33 Country DROMA	City & State	ando Fl	6. FEI Numb	ber 072 - 1299 S5.00 Addition	Applied For Not Applicable Tenal (Fas executive) Illustic of Status
	B) William	<u> </u>		<u> </u>		*
	Name Street Address (P.O. Box Number is 2118 Ct	O Mal	Name and Address of Current He Idonado	agistarau Ayem	State Zip Code	
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 11-13-06  REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of Managing Members/Mana	Street Address of Each Managing Member/Manager		City / State / Zip		
MIGRM	Evelyn Runirez		2118 Caesar Ct.		ORlando, Fl 32833	
MGRM	Saturnino M	aldoned	2118 Caesar	r Ct.	ORKundó, Fl3	<del>19833</del>
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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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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 Collyn Horwis Date 11-13-06 Daytime Phone # 407-383-8592						
Typed or printed name of signing Managing Member/Manager WELVA KUMITEZ						