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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		06 DEC 13 AM 7:56  SECRETARY OF STATE TALLAHASSEE, FLORIDA  300082518183 12/13/06--01002--015 **200.00 CR2E041 (8/05)	
<b>DOCUMENT # L04000014498</b>					
<b>1. Limited Liability Company's Name</b> OPC, L.L.C.					
<b>2. Principal Office Address</b> 3610 Justin Dr. Suite, Apt. #, etc. — City & State Palm Harbor, FL Zip Country 34685 Pinellas		<b>3. Mailing Office Address</b> 3610 Justin Dr. Suite, Apt. #, etc. — City & State Palm Harbor Zip Country 34685 Pinellas		<b>4. State/Country of Formation</b> Florida <b>5. Date Organized or Qualified To Do Business in Florida</b> 2-16-04 <b>6. FEI Number</b> 20-0718273 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b>					
Name Isabel Ringelspaugh Street Address (P.O. Box Number is Not Acceptable) 3610 Justin Drive Suite, Apt. #, Etc. Palm Harbor City Palm Harbor State Zip Code FL 34685					
<b>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.</b> Signature of Registered Agent <u>Isabel Ringelspaugh</u> Date <u>12-7-06</u> REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGM	Isabel Ringelspaugh	3610 Justin Drive	Palm Harbor, FL 34685		
<b>REINSTATEMENT</b> 0504					
<b>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 608.406, 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.</b> Signature of Managing Member/Manager <u>Isabel Ringelspaugh</u> Date <u>12-7-06</u> Daytime Phone # <u>813-855-4269</u> Typed or printed name of signing Managing Member/Manager <u>Isabel Ringelspaugh</u>					