


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000018300 1. Entity Name CHRISTOPHER LESKANIC LLC	
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Principal Place of Business 1634 SMITTY'S WAY TALLAHASSEE, FL 32310	Mailing Address 1634 SMITTY'S WAY TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box # 907 Casey Drive	3. Mailing Address 907 Casey Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee FL.
Zip 32305	Zip 32305
Country	Country

FILED

07 DEC 11 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12102007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent LESKANIC, CHRISTOPHER 1634 SMITTY'S WAY TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name Leskanic, Christopher Street Address (P.O. Box Number is Not Acceptable) 907 Casey Drive City Tallahassee FL Zip Code 32305
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME LESKANIC, CHRISTOPHER STREET ADDRESS 1634 SMITTY'S WAY CITY-ST-ZIP TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete	TITLE MGRM NAME LESKANIC, CHRISTOPHER STREET ADDRESS 907 Casey Drive CITY-ST-ZIP Tallahassee, FL 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME HARVEY, LEE R JR. STREET ADDRESS 907 CASEY DR. CITY-ST-ZIP TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700113041547 12/11/07--01042--003 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chris Anson Christopher Anson Leskanic 12/10/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 850-545-9043

REINSTATEMENT 2007