


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 19 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000022588

1. Limited Liability Company's Name

L04000022588

2. Principal Office Address - No P.O. Box # 1500 West Gore Street	3. Mailing Office Address 1500 West Gore Street
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32805

Country
US

Zip
32805

Country
US

4. State/Country of Formation
US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Kennedy, Loan B BRADLEY J. DAVIS

Street Address (P.O. Box Number is Not Acceptable)
1031 W. Morse Blvd. 100 TECHNOLOGY PARK

Suite, Apt. #, Etc.
Suite 350 Suite 170

City
Winter Park LAKE MARY 32746

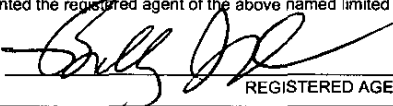
State
FL

Zip Code
32789

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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



REGISTERED AGENT MUST SIGN

Date **3-12-07**

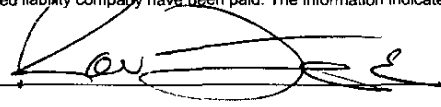


10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	RONALD FULMORE	1500 W. Gore St.	Orlando FLA 32805
			800094462558
			03/22/07 01003 014 **150.00
			REINSTATEMENT 05-07

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.

Signature of
Managing Member/Manager



Date **3/5/07**

Daytime Phone # **407-339-2888**

Typed or printed name of signing Managing Member/Manager