

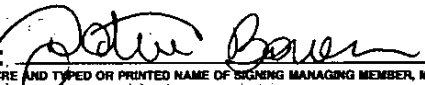


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000026790</b> 1. Entity Name: <b>CUSTOM IMMACULANCE LLC</b>				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>05 OCT 21 AM 10:53</b>	
Principal Place of Business <b>112 "F" STREET ST. AUGUSTINE, FL 32080</b>		Mailing Address <b>112 "F" STREET ST. AUGUSTINE, FL 32080</b>			
2. Principal Place of Business <b>1380 FRUIT COVE RD S</b>		3. Mailing Address <b>PO BOX 1282</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>FRUIT COVE, FL</b>		City & State <b>EAST PALATKA, FL</b>		4. FEI Number <b>20-0974193</b>	
Zip <b>32259</b>		Zip <b>32131</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BOWEN, DOTTIE A 112 "F" STREET ST. AUGUSTINE, FL 32080</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1380 FRUIT COVE ROAD SOUTH</b> City <b>FRUIT COVE</b> <b>FL</b> Zip Code <b>32259</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWEN, DOTTIE A 112 "F" STREET ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOWEN, DOTTIE A 1380 FRUIT COVE ROAD SOUTH FRUIT COVE, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b> <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	<b>000061262200</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11/08/05--01052--004 **50.00</b>	
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 exemption stated in Section 119.07(3)(i), 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: 			Date: <b>10/10/05</b>		