

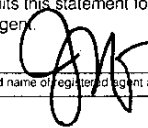
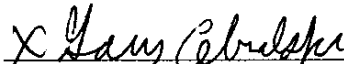


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

<b>DOCUMENT # L04000027938</b> 1. Entity Name <b>GARY CEBULSKI, LLC</b>					
Principal Place of Business <b>1703 DAISY LANE</b> <b>NAPLES, FL 34105 US</b>			Mailing Address <b>1703 DAISY LANE</b> <b>NAPLES, FL 34105 US</b>		
2. Principal Place of Business <b>1134 Sycamore St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1134 Sycamore St.</b> Suite, Apt. #, etc.			
City & State <b>Lake Placid, FL</b> Zip <b>33852</b> Country		City & State <b>Lake Placid, FL</b> Zip <b>33852</b> Country		4. FEI Number <b>374763294</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WANDERON, THOMAS</b> <b>868 106TH AVENUE NORTH</b> <b>NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name <b>Jeffrey R. Lamb</b> Street Address (P.O. Box Number is Not Acceptable) <b>809 Walkerbilt Rd. #5</b> City <b>Naples</b> FL Zip Code <b>34110</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 		<b>Jeffrey R. Lamb</b>		DATE <b>4/25/06</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$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	MGR CEBULSKI, GARY <b>1703 DAISY LANE</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gary cebulski <b>1134 Sycamore St.</b> <b>Lake Placid, FL 33852</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000075219 05/25/06--01004--020	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	<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: 		<b>Gary Cebulski</b>		Date <b>4-27-06</b>	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # <b>863-465-1723</b>	