


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000035423


1. Entity Name
DINOSOAR VISION LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 AM 10:54

Principal Place of Business 2109 LENNARD RD PORT ST LUCIE, FL 34952	Mailing Address 2109 LENNARD RD PORT ST LUCIE, FL 34952
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2. Principal Place of Business 10655 S. US1 Suite, Apt. #, etc.	3. Mailing Address 10655 S. US1 Suite, Apt. #, etc.
City & State PORT ST. LUCIE, FL.	City & State PORT ST. LUCIE, FL
Zip 34952 Country US	Zip 34952 Country US



10142005 REIN-LLC CR2E101 (6/04)

4. FEI Number
70-1132517 Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, DIN
538 SW BAILEY TERR
PORT ST LUCIE, FL 34984**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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  DATE **10-18-05**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 - After January 1, 2006, 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMAS, DIN 538 SW BAILEY TERR PORT ST LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060852824 10/21/05--01026--004 **50.00
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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

REINSTATEMENT 2005

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: **10-18-05** 772-337-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #