PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	. Secretar	TMENT OF STATE y of State corporations	08	FILED AUG 28 AM 8: 23
DOCUMENT # 1. Limited Liability Company's Name DOCUMENT #			SEUNLIMICE OF STATE TALLAHASSEE FLORIDA	
Schanmac, LLC			700135280327 09/03/0801004015 **560.00	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		CR2E041 (12/07)	
8114 5415 AV. E	8714 54th Ave E Suite, Apt. #, etc.		4. State/Country of Formation FL, USA	
oute, Apr. II, out.	Julio, Apt. π, etc.		5. Date Organized or Qualified To Do Business in Florida 05/15/2004	
Gradenton FL	Gradenton FL.		6. FEI Numbe	72-11120(2) Applied For
34211 Country 115A	^{Zip} 34211	Country USA	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent				ior a certificate of Status
Name Kevin Burkart			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.	
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc. 1				
Swite H City State Zip Code				
St. Petersburg FL 33707				
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 Date 8-3-05 REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manage	ers	Street Address of Each Managing Member/Mana	ger	City / State / Zip
Mar Steven R. Lang		8714 54th AVE E		Bradenton FL 34211
Max Christing I Lane 8714 54th A			WEF	Bradenton-FL 34211
				338
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REINSTATEMENT				
051)8			MACCULATION
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.				
Signifature of Managing Member/Manager Starter K. G Date 07/18/3008 Daytime Phone # 127 - 278 - 5452				
Typed or printed name of signing Managing Member/Manager Steven R. Lang				