

FORM



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

100087212131
02/05/07--01004--034 **255.00

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida 6/14/04

6. FEI Number
84-1652928

X	Applied For
	Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ YES

5627 A:11 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

☐ 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.

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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**

Lewis Dodge

Date 1/29/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers[illegible]

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

Lewis Dodge

Date 1/29/07

Daytime Phone# 772-419-1109

Typed or printed name of signing Managing Member/Manager

LEWIS DODGE /MANAGER