


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

150.00
9-15-06

06 NOV -3 PM 5:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000045308

1. Limited Liability Company's Name
LAN-EARL, LLC

2. Principal Office Address <u>4777 Venice Rd</u>		3. Mailing Office Address <u>4777 Venice Rd</u>	
Suite, Apt. #, etc. <u>148 E. CARIBBEAN DR</u>		Suite, Apt. #, etc.	
City & State <u>SUMMERLAND Key, FL</u>		City & State <u>SANDUSKY, Ohio</u>	
Zip <u>33042</u>	Country <u>MONROE</u>	Zip <u>44870</u>	Country <u>ERIE</u>

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA, MONROE

5. Date Organized or Qualified To Do Business in Florida
2005

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
LANCE STEHMAN

Street Address (P.O. Box Number is Not Acceptable)
148 E. CARIBBEAN DR

Suite, Apt. #, Etc.

City
SUMMERLAND Key

State
FL

Zip Code
33042

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 [Signature] Date 10-12-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>LANCE STEHMAN</u>	<u>148 E. CARIBBEAN DR</u>	<u>SUMMERLAND Key, F</u> <u>33042</u>

10/17/06 - 01052-007 - \$150.00
REINSTATEMENT 2006

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 [Signature] Date 10-12-06 Daytime Phone # 419 656-1064

Typed or printed name of signing Managing Member/Manager LANCE STEHMAN