

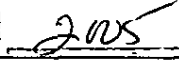



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # L04000047867</b>			
<b>1. Limited Liability Company's Name</b> Southwest Development, LLC			
<b>2. Principal Office Address</b> 1663 1st Ave. South		<b>3. Mailing Office Address</b> 1663 1st Ave. South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> St. Petersburg, FL		<b>City &amp; State</b> St. Petersburg, FL	
<b>Zip</b> 33712	<b>Country</b> US	<b>Zip</b> 33712	<b>Country</b> US
		<b>4. State/Country of Formation</b> Pinellas	
		<b>5. Date Organized or Qualified To Do Business in Florida</b> 6-24-04	
		<b>6. FEI Number</b> 20-1660424	<b>Applied For</b> Not Applicable
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <small>\$5.00 Additional Fee required for a Certificate of Status</small>	
<b>8. Name and Address of Current Registered Agent</b>			
Name Jason M Sanchez			
Street Address (P.O. Box Number is Not Acceptable) 1663 1st Avenue South			
Suite, Apt. #, Etc.			
City St. Petersburg		State FL	Zip Code 33712
<b>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.</b>			
Signature of Registered Agent 		Date 12/21/05	
REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
mgr	Jason Sanchez	1663 1st avenue south	St. Petersburg FL
<b>REINSTATEMENT</b> 			
<b>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.</b>			
Signature of Managing Member/Manager 		Date 12/21/05	Daytime Phone # 727-580-5550
Typed or printed name of signing Managing Member/Manager Jason M Sanchez			