
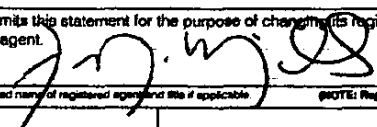
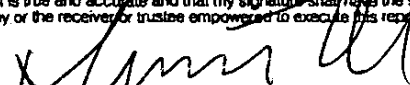


## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 10 AM 10:06

<b>DOCUMENT # L04000053572</b>			
1. Entity Name <b>GILL ENTERPRISES, LLC</b>			
Principal Place of Business <b>% MORRISON &amp; MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA, FL 33606</b>		Mailing Address <b>% MORRISON &amp; MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA, FL 33606</b>	
2. Principal Place of Business <b>7330 WEST GOLF CLUB ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>7330 WEST GOLF CLUB ST</b> Suite, Apt. #, etc.	
City & State <b>CRYSTAL RIVER, FL</b>		City & State <b>CRYSTAL RIVER, FL</b>	
Zip <b>34429</b>		Zip <b>34429</b>	
Country <b>CITRUS</b>		Country <b>CITRUS</b>	
4. FEI Number <b>57-1208829</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DITANNA, KEVIN A ESQ. MORRISON &amp; MILLS, P.A. 1200 W. PLATT STREET, SUITE 100 TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name <b>Frederick J. Mills-Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>Morrison &amp; Mills, P.A. 1200 W. Platt St., Suite 100</b> City <b>Tampa</b> FL Zip Code <b>33606</b>	
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 <b>10-5-05</b>	
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006; Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GILL, ROBERT P 7330 W. GOLF CLUB STREET CRYSTAL RIVER, FL 344292508</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060454069 10/10/05--01065--016 **\$0.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GILL, CATHLEEN M. 7330 W. GOLF CLUB STREET CRYSTAL RIVER, FL 344292508</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 2005</b>
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
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
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
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: <b>10/6/05</b> DAYTIME PHONE # <b>352/795-3843</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			