

L04000057465

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LIMITED LIABILITY REINSTATEMENT

SPAVA LLC

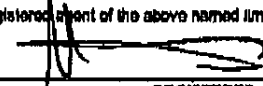
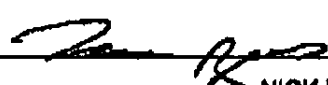
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |    |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b>                               |                          |
| <b>DOCUMENT # L04000057465</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                     |  |                                                                                                                      |                          |
| 1. Limited Liability Company's Name<br><b>SPAVA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |  |                                                                                                                      |                          |
| 2. Principal Office Address<br><b>587 Jericho Turnpike</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | 3. Mailing Office Address<br><b>587 Jericho Turnpike</b>                            |  | 4. State/Country of Formation<br><b>Florida</b>                                                                      |                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Suite, Apt. #, etc.                                                                 |  | 5. Date Organized or Qualified To Do Business in Florida<br><b>08-03-2004</b>                                        |                          |
| City & State<br><b>Syosset, NY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | City & State<br><b>Syosset, NY</b>                                                  |  | 6. FEI Number<br><b>20-4224644</b>                                                                                   |                          |
| Zip<br><b>11791</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Country<br><b>USA</b>                                                               |  | Applied For<br><input type="checkbox"/> Not Applicable                                                               |                          |
| Zip<br><b>11791</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Country<br><b>USA</b>                                                               |  | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 additional fee required for a Certificate of Status |                          |
| 8. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                     |  |                                                                                                                      |                          |
| Name<br><b>Allstate Corporate Services Corp.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                     |  |                                                                                                                      |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>653 West 23rd Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                     |  |                                                                                                                      |                          |
| Suite, Apt. #, Etc.<br><b>Suite 229</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                     |  |                                                                                                                      |                          |
| City<br><b>Panama City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                     |  | State<br><b>FL</b>                                                                                                   | Zip Code<br><b>32405</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.                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                     |  |                                                                                                                      |                          |
| Signature of Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |  |  | Date<br><b>12-21-06</b>                                                                                              |                          |
| REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                     |  |                                                                                                                      |                          |
| 10. Names and Direct Addresses of Managing Members/Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                     |  |                                                                                                                      |                          |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager                                      |  | City / State / Zip                                                                                                   |                          |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TED NICHOLAUDIS</b>            | <b>587 Jericho Turnpike</b>                                                         |  | <b>11791</b>                                                                                                         |                          |
| MGRM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>NICK ROZAKIS</b>               | <b>587 Jericho Turnpike</b>                                                         |  | <b>11791</b>                                                                                                         |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                     |  |                                                                                                                      |                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                     |  |                                                                                                                      |                          |
| <b>REINSTATEMENT 2005-06</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 606.406, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |  |  | Date<br><b>12/8/06</b>                                                                                               |                          |
| Typed or printed name of signing Managing Member/Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | <b>NICK ROZAKIS</b>                                                                 |  |                                                                                                                      |                          |

CR2ED41 (8/05)