

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000069287						FILED 2005 OCT 17 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
1. Entity Name MARITZ, LLC				Principal Place of Business 3182 TALA LOOP LONGWOOD, FL 32779				Mailing Address 3182 TALA LOOP LONGWOOD, FL 32779	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				10032005 REIN-LLC CR2E101 (6/04)	
City & State				City & State				4. FEI Number 20-165114	
Zip				Country				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUVIOSE, FRITZ DR. 3182 TALA LOOP LONGWOOD, FL 32779						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u>Fritz Pluviose, FRITZ PLUVIOSE</u> DATE <u>OCT 12, 05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUVIOSE, FRITZ DR. 3182 TALA LOOP LONGWOOD, FL 32779 <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	MGR PLUVIOSE, MARIE DENISE 3182 TALA LOOP LONGWOOD, FL 32779 <input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060687889 10/17/05--01066--024 ***105.00 <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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <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: <u>Fritz Pluviose, FRITZ PLUVIOSE</u> Date <u>10/14/05</u> (407) 833-8701 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>									