PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILLU SECRETARY OF

COMPANY REINSTATEMENT	1	PARTMEN retary of S	tate		DIVISION OF CORPORATION 06 DEC 19 AM 10: 55	IS
DOCUMENT # LO4009 1. Limited Liability Company's Name To Finity, L		·6 -4		on(,		
2 Discissi Office Address	3. Mailing Office	Address			CR2E041 (8/05)	
2. Principal Office Address 115 20 10/12 CUPTES 100	1/520 lake cypress loop Suite, Apt. #, etc.			4. State/Country of Formation Classified To Do Business in Florida To Do Business in Florida To Do Susiness In Florida To Do Susiness In Florida		
City & State Ft. myers Fla. Zip Country	City & State F + My PS (-/c. Zip Country			6. FEI Numbe	Applied F Not Applie	cable
33913 U.S.A	33913	<u>U.</u>	S · \ of Current Register	<u> </u>	OF STATUS DESIRED for a Certificate of St.	
Street Address (P.O. Box Number is Not Acceptable) 12/19/06-01063-007 **200, 10 10 10 10 10 10 10						
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 1 18 06 REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Me	mbers/Managers			-	y	
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Manager			City / State / Zip	
MGA Janel Manson	``\\\	11520 lakecypressloop			Ft myers / F-1 a. (339)	3
			MET (1)		15VIT 05-06	
all fees owed by the limited liability company have as if made under oath.	r dissolution has been	eliminated, the	limited liability comp	any name satisfie	d for in chapter 608, F.S. I further certify that whe s the requirements of section 608.406, F.S., and the te, and my signature shall have the same legal eff	hat
Signature of Managing Member/Manager Date 2/8/66 Daytime Phone # 239-463-1614 Typed or printed name of signing Managing Member/Manager Dame! Manager						