

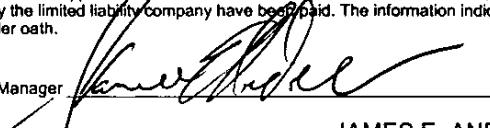


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000010648			
1. Limited Liability Company's Name THE THIRD GENERATION OF CHARLOTTE COUNTY, LLC			
2. Principal Office Address - No P.O. Box # 18401 MURDOCK CIRCLE Suite, Apt. #, etc. SUITE #101 City & State PORT CHARLOTTE Zip 33948 Country USA		3. Mailing Office Address 1381 MARKET CIRCLE Suite, Apt. #, etc. UNIT #6 City & State PORT CHARLOTTE Zip 33953 Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida FEBRUARY 1, 2005	
6. FEI Number 20-2275092		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name GERI L. WAKSLER Street Address (P.O. Box Number is Not Acceptable) 18401 MURDOCK CIRCLE Suite, Apt. #, Etc. SUITE #101 City PORT CHARLOTTE State FL Zip Code 33948			
<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 10/15/08 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAMES E. ANDERSON	1381 MARKET CIRCLE, UNIT #6	PORT CHARLOTTE, FL 33953
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. Signature of Managing Member/Manager  Date 10/15/08 Daytime Phone # 941-625-1050 Typed or printed name of signing Managing Member/Manager JAMES E. ANDERSON			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 06-08