PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

COMPANY REINSTATEMENT COMPANY COMPANY	08 MAY 14 PM 12: 54
DOCUMENT # LOSOCOO 48272 1. Limited Liability Company's Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
THE LEISURE GROUP LLC	
Principal Office Address - No P.O. Box # 3. Mailing Office Address	CR2E041 (12/07)
5036 Dr Phillips BlVD 5036 Dr. Phillips BlVd	4. State/Country of Formation
Suite, Apt. #, etc.	FLORIDA 5. Date Organized or Qualified / /
Suite 256 City & State City & State	To Do Business in Florida 5/9/2005
Orlando FL Orlando FL	6. FEI Number X Applied For Not Applicable
32819 USA 32819 Country USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name	
Kelly Cullen	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Nulhber is Not Acceptable) 9001 Lake Fisher Blvd	receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.	not received and requesting the \$100
City Gotha State Zip Code FL 34734	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 42108
Registered Agent	Date 4 21 08
Registered Agent	City/Date/Ti-
Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each	ger City / State / Zip
Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Street Address of Each Managing Members/ Managers Street Address of Each Managing Members/ Managers	ger City/State/Zip Pe Orlando PL 32819
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Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/ Managers Name of Manager	ger City / State / Zip Pe Orlando FL 328/9 910128109189 05/01/0801052003 **416.25
Registered Agent Registered Agent Must sign 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/ Managers Street Address of Each Managing Member/ Managers Pess. Debarah Brown 8601 Crestgale Circ REINSTATEMENT	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608, 406, F.S., and that
Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/ Managers Name of Managing Members/ Managers Name of Managing Members/ Managers Name of Managing Members Manage	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608,406, F.S., and that is true and accurate, and my signature shall have the same legal effect
Titles Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/ Managers Street Address of Each Managing Members/ Managers Managing Member/ Manager or the receiver or trustee empowered to execute this application this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicated on this application as if made under oath. Signature of Managing Member/Manager Date 4	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608, 406, F.S., and that