
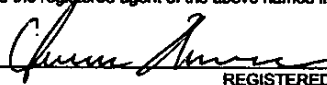
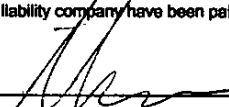


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1.05000077163			
<b>1. Limited Liability Company's Name</b>  FRANK'S SCRATCH PRO PLUS, LLC			
<b>2. Principal Office Address - No P.O. Box #</b> 123 Islamorada Ln. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> P.O. BOX 1933 <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> Naples, Florida		<b>City &amp; State</b> Marco Island, Florida	
<b>Zip</b> 34114	<b>Country</b> USA	<b>Zip</b> 34146	<b>Country</b> USA
<b>4. State/Country of Formation</b> Florida/USA			
<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/05/2005			
<b>6. FEI Number</b> 203275024			<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Add'l onl. Fee required for a Certificate of Status			
<b>8. Name and Address of Current Registered Agent</b> Name Christopher Monaco Street Address (P.O. Box Number is Not Acceptable) 5405 SW 26th Ave Suite, Apt. #, Etc. City Cape Coral State FL Zip Code 33914			
<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.			
<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.</b> Signature of Registered Agent  Date 10/30/08 REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGR	Frank Stute	123 Islamorada Ln.	Naples, Florida 3414
<b>REINSTATEMENT</b> 2007-2008 600138181786 11/21/08--01037--011 **376.00			
<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 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.</b> Signature of Managing Member/Manager  Date 10/30/08 Daytime Phone # 239 777-7216 Typed or printed name of signing Managing Member/Manager Frank Stute			