PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 8 JAN-9 AM 9:00	
DOCUMENT # L05000104959 1. Limited Liability Company's Name		SE TAL	CONLIARY OF STATE LAHASSEE, FLORIDA	
Franklin J Guevara LLC				
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		CR2E041 (12/07)	
75 Smith Circle	P.O. BOX 124	4. State/Cour	ntry of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		nized or Qualified	
City & State	City & State	Ī	iness in Florida 10 26 05	
Gretna IFI.	Quincy Fl.	6. FEI Number 2048	Applied For Not Applicable	
32332 Country	37353 Country	7. CERTIFICATE	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				
Franklin J. Grevara			A \$100 reinstatement fee is imposed, except	
Street Address (P.O. Box Number is Not Acceptable)			Thin circumstances which the entity did not receive the prior notices. By checking this	
Suite, Apt. #, Etc.			box, you are certifying the prior notices were not received and requesting the \$100	
City State Zip Code FL 37332			tement 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 Pate Park REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Managers	Street Address of Ea Managing Member/Mar		City / State / Zip	
mgm Franklin J. Gue	vava P.O. Box 126		Quina, Fl. 32353	
mgrm Julio A Flores	P-O-180x126		Quincy, Fl. 32353	
mann Fredy B Flores	P.O. BOX 124		Quinay, Fl. 32353	
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	REINSTATEMENT			
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 2n/q/08 Daytime Phone # (850) 545-1828				
Typed or printed name of signing Managing Member/Manager				