

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 13 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000112223

1. Limited Liability Company's Name

DEATERONOMY, L.L.C.

200137710582
11/06/08--01035--007 **377.50
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

5800 WAXMYRTLE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

5800 WAXMYRTLE WAY

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34109

Country

US

Zip

34109

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/21/2005

6. FEI Number

56-2543560

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KENT A SKRIVAN, ESQ

Street Address (P.O. Box Number is Not Acceptable)

801 LAUREL OAK DRIVE

Suite, Apt. #, Etc.

SUITE 705

City

NAPLES

State

FL

Zip Code

34108

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

[Handwritten Signature]

Date

6/23/08

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	MATTHEW DEATER KELLEY	5800 WAXMYRTLE WAY	NAPLES, FL 34109

REINSTATEMENT 06-08
AL

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

[Handwritten Signature]

Date 06/20/2008

Daytime Phone # 239-598-1329

Typed or printed name of signing Managing Member/Manager

MATTHEW D. KELLEY