
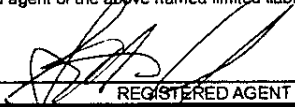
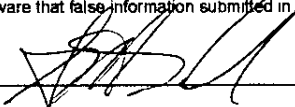


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">11 SEP 29 PM 4:36</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.2em; margin-bottom: 10px;">600212308876</div> <div style="font-size: 0.8em; margin-bottom: 10px;">09/19/11--01056--002 **377.50 CR2E041 (1/11)</div> <div style="font-size: 2em; font-weight: bold;">10-11</div>	
DOCUMENT # L06000014155					
1. Limited Liability Company's Name SCOTT LINCOLN ENTERPRISES LLC					
2. Principal Office Address - No P.O. Box # 1600 RUTLEDGE RD		3. Mailing Office Address 1600 RUTLEDGE RD		4. State/Country of Formation FLA SEMINOLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State Longwood FL		City & State Longwood FL		6. FEI Number 204266412	
Zip 32779	Country Seminole	Zip 32779	Country Seminole	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				E-mail Address: SSLINCOLNF350@YAHOO.COM SSLINCOLNF350@YAHOO.COM (To be used for future annual report notices)	
Name SCOTT LINCOLN					
Street Address (P.O. Box Number is Not Acceptable) 1600 RUTLEDGE RD					
Suite, Apt. #, Etc.					
City Longwood	State FL	Zip Code 32779			
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 9-16-11	
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		
MGR	SCOTT LINCOLN	1600 Rutledge RD	Longwood FL 32779		
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager 				Date 9-16-11 Daytime Phone # 407-628-1848	
Typed or printed name of signing Managing Member/Manager					