PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY: COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED UN-3 PM IN 28	
DOCUMENT # 28000 1. Limited Liability Company's Name M. L. Collins & Asso	_	SEG MULI	SECRETARY OF STATE MULAHASSEE, FLORIDA 900181050999 06/03/1001004011 **138.75 CR2E041 (12/07)	
2. Principal Office Address - No. P.O. Box # 2300 SW for Aue	3. Mailing Office Address			
Suite, Apt. #, etc.	2300 Sw goth Ave Suite, Apt. #, etc.	4. State/Country		
		5. Date Organize To Do Busines	d or Qualified	
City & State	City & State		6-1420555 Applied For	
V.Cala F1 Zip Country	Zip Country		Not Applicable	
34481 USA	34481 USA	7. CERTIFICATE OF	STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address	of Current Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) 25 00 500 for Arce Suite. Apt. #, Etc.		in circum receive tl box, you not rece	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.	
Ocala	State Zip Code FL 3448/	State Zip Code		
9. I, being appointed the registered agent of the all Signature of Registered Agent	bove named limited liability company, am familiar with an Carling REGISTERED AGENT MUST SIGN	· -	of Chapter 608, F.S. Date 5 / 17 / 10	
10. Names and Street Addresses of Managing M	embers/Managers			
Titles Name of Managing Members/ Mana	Street Address of E agers Managing Member/Ma		City / State / Zip	
Pres Michael Collins	2300 SW FOTh ,	tre	Deals, P1 34481	
			. 8105 0999 -01024005 **138.75	
		05/18/10-	-01024005 ••138.75	
REINSTATE	MENT 09-10 OB			
		1111-24	119	
filing this reinstatement application the reason (or the receiver or trustee empowered to execute this a for dissolution has been eliminated, the limited liability co ave been paid. The information indicated on this application	mpany name satisfies th	e requirements of section 608.406, F.S., and that	
Signature of Manager Muchal	J. Calling Date 5	/17/10 Days	me Phone # 352 - 6/5 - £367	
Typed or printed name of signing Managing Member/Manager Michael / Collins				