

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

L9200000013

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 SEP 29 PM 1:30

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L9200000013
 Davis & Ferree, L.C.
 2189 Cleveland Street, Suite 210
 Clearwater, FL 34625

1a. Principal Place of Business Address
 2189 Cleveland Street, #210
 Clearwater, FL 34625

8/27/93 (93)

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 2189 Cleveland St. Suite, Apt. #, etc. 210 City & State Clearwater, FL 34625 Zip 34625	2a. Mailing Address 2189 Cleveland St. Suite, Apt. #, etc. 210 City & State Clearwater, FL 34625 Zip 34625	3. Date Organized or Qualified 11/03/92	3a. State of Formation Florida
Country Pinellas	Country Pinellas	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	5. Date of Last Report 8/27/93
		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$6.75 Additional Fee Required	

7. Name and Address of Current Registered Agent
 Represent-Tour, L.C.
 701 N. Hercules Ave., Suite C
 Clearwater, FL 34625

8. Name and Address of New Registered Agent
 Name
 L. R. Mayer
 Street Address (P.O. Box Number is Not Acceptable)
 2189 Cleveland Street, Suite 210
 Suite, Apt. #, etc.
 City
 Clearwater
 Zip Code
 FL FL 34625

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 *L.R. Mayer* Date 9-26-97
REGISTERED AGENT MUST SIGN

10. Title	Managing Member/Managers	Business Street Address	City, State & Zip Code
MAN	L. R. Mayer	2189 Cleveland Street, 210	Clearwater, FL 34625

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 ***1527.50 ***1527.50

REINSTATEMENT 1993-1997

(Signature)

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 *L.R. Mayer* Date 9-26-97 Daytime Phone # 813-447-7777
 Typed or printed name of signing Managing Member/Manager L R MAYER