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TEL: 18132291660

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TEL: 18132291660

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TRANSACTION REPORT							
Transmission Transaction(s) completed							
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Division of Corporations

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*Resubmission  
10/4/00*

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-6003

From: GREGORY C. YADLEY  
Account Name : BRUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

SECRETARY OF STATE  
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*10/4*

**LIMITED LIABILITY REINSTATEMENT**

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Limited Liability Company's Name <b>ADVANTAGE SALES SOUTHEAST LLC</b>			
2. Principal Office Address <b>3444 MEMORIAL HWY.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <small>Suite, Apt. #, etc.</small> <b>SAME</b>	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>	
Zip <b>33607</b>	Country <b>HILLSBOROUGH</b>	Zip <b>33607</b>	Country <b>HILLSBOROUGH</b>
4. State/Country of Formation <b>FLORIDA - HILLSBOROUGH</b>		5. Date Organized or Qualified To Do Business in Florida <b>FEB 1995</b>	
6. FEI Number <b>59-3317235</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional fee assessed for a Certificate of Status			

**B. Name and Address of Current Registered Agent**

Name		<b>ROBERT B. ERGER</b>	
Street Address (P.O. Box Number is Not Acceptable)		<b>3840 N. 50<sup>TH</sup> ST.</b>	
Suite, Apt. #, Etc.			
City	State	Zip Code	
<b>TAMPA</b>	<b>FL</b>	<b>33619</b>	

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: Robert B. Erger Date: 7/12/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	C. MICHAEL SUNDERLAND	3444 MEMORIAL HWY.	TAMPA FL 33607

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 DIVISION OF STATE  
 LAH ASSOCIATES  
 FLORIDA

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: C. Michael Sunderland Date: 7/12/00 Daytime Phone: (813) 282-6900

Typed or printed name of signing Managing Member/Manager: C. MICHAEL SUNDERLAND

CR2001 (REV)