


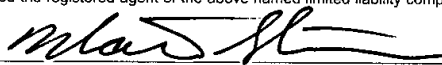
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L9 5-118</b>		<b>FILED</b> 01 NOV 13 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name <b>ADVANTAGE SALES SOUTHEAST, LLC.</b>			
2. Principal Office Address <b>3840 N. 50th ST</b>		3. Mailing Office Address <b>3840 N. 50th ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33619</b>	Country <b>Hillsborough</b>	Zip <b>33619</b>	Country <b>Hillsborough</b>
4. State/Country of Formation <b>FL Hillsborough</b>		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>59-3317235</b>		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$5.00 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2001**

8. Name and Address of Current Registered Agent			
Name <b>MATT STEVENS</b>		400004695004-0	
Street Address (P.O. Box Number is Not Acceptable) <b>3840 N. 50th ST</b>		-11/27/01--01045--015 ****150.00 ****150.00	
Suite, Apt. #, Etc.			
City <b>TAMPA</b>		State <b>FL</b>	Zip Code <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  Date **10/22/01**

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
<i>Pres</i>	<b>MIKE SUNDERLAND</b>	<b>3840 N. 50th ST</b>	<b>TAMPA FL, 33619</b>

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  Date **11/1/01** Daytime Phone # **813)621-4991**

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

CR2ED41 (9/01)