

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Sandra P. McArthur Secretary of State DIVISION OF CORPORATIONS	
L9700000831			
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L9700000831	
Meyven, L.C. P.O. Box 549 Marco Island, FL 34146			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 58 N. Collier Blvd.		2a. Mailing Address	
Suite, Apt. #, etc. Suite 1806		Suite, Apt. #, etc.	
City & State Marco Island, FL		City & State	
Zip 34145		Country	
Country Collier			
3. Date Organized or Qualified 8/25/97		3a. State of Formation FL	
4. FEI Number 65-0795056		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
Price, R. Scott 2640 Golden Gate Parkway, Suite 315 Naples, FL 34105		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		500002706405--9 -12/08/98--01075--001 ****688.75 FL	
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	
R. Scott Price		11/11/98	
REGISTERED AGENT MUST SIGN			
10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MD	Meyer, Reinhold H.	58 No. Collier Blvd., Suite 1806	Marco Island, FL 34145
REINSTATEMENT 98 12/3			
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	
Reinhold Meyer		11/12/98	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # (911) 389 4050	

FILED
98 NOV 24 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA