

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

LIMITED LIABILITY COMPANY REINSTATEMENT
1999 - 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WR
4/17

DOCUMENT # L97000000849

1. Limited Liability Company's Name

THELEN ENTERPRISES, L.C.

2. Principal Office Address

5393 Gulf of Mexico Dr.

Suite, Apt. #, etc.

112B

City & State

Longboat Key, FL

Zip

34228

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

8/4/97

6. FEI Number

65-0829804

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THELEN, GEORGE J.

300003214973-1

Street Address (P.O. Box Number is Not Acceptable)

5393 Gulf of Mexico Dr.

-04/19/00-01085-005

****100.00 ****100.00

Suite, Apt. #, Etc.

112B

City

Longboat Key, FL

State

FL

Zip Code

34228

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

REGISTERED AGENT MUST SIGN

Date

4/11/00

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
MGRM	Thelen, George J.	5393 Gulf of Mexico Dr., 5393 Gulf of Mexico Dr. 112B	Longboat Key, FL 34228

REINSTATEMENT

1999 - 2000

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

4/11/00

Daytime Phone #

941-383-4652

Typed or printed name of signing Managing Member/Manager

GEORGE J. THELEN

CR2E041 (9/99)



2

FILED
Raymond Stuplee, C.P.A.
Norman J. Shea, III, C.P.A.
Thomas R. Cramer, C.P.A.
Joseph E. Reckstein, III, C.P.A.
00 APR 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

April 10, 2000

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter No. 000A00016086

Dear Sir or Madam:

Attached is a copy of your letter dated March 23, 2000 regarding the general partner for Thelen Family Partnership, LTD. We are returning the 2000 UBR for Thelen Family Partnership, Ltd., along with the application for reinstatement for it's general partner, Thelen Enterprises, L.C.

The managing member of Thelen Enterprises, L.C. has no record of receiving the Uniform Business Report for 1999 and had no knowledge that the entity had been administratively dissolved for not filing the annual report for 1999. Mr. Thelen is involved with two other entities that file the UBR and filed each in a timely manner for 1999.

We have enclosed the annual fee for 1999 and 2000 for Thelen Enterprises, L.C. of \$50.00 per year for a total of \$100.00. We respectfully request that you abate the reinstatement fee of \$100.00 since Mr. Thelen apparently did not receive the UBR in 1999 and did not knowingly intend to have the entity dissolved.

Please feel free to contact me if you have any questions.

Sincerely,

Handwritten signature of Thomas R. Cramer in cursive.

Thomas R. Cramer, CPA

TRC/nw

The above statement is true and accurate:

Handwritten signature of George J. Thelen in cursive, written over a horizontal line.
George J. Thelen, Managing Member

4/11/00
Date