

297000001350

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 18 AM 10:08

1. Limited Liability Company's Name

MIKE ALBERT, L.C.

10/14/99

3. Mailing Office Address

3936 s. SEMORAN BLVD.

Suite, Apt. #, etc.

1312

City & State

ORLANDO, FL

Zip	Country
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32822

Country

5. Date Organized or Qualified To Do Business in Florida

12/3/97

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required
for a Certificate of Status**

Name _____

600004438116--2

-06/22/01--0100--006

***250.00 ***250.00

City

State
FL

Zip Code
3332

Signature of
Registered Agent

E. A. Record
REGISTER

REGISTERED AGENT MUST SIGN

Date 6-14-01

Tides

City / State / Zip

MGRM	MIKE ALBERT LEASING, INC.	10340 EVENDALE DRIVE	CINCINNATI, OH 45241
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Penalty	\$100.00
1999	50.00
2000	50.00
2001	50.00
	<u>250.00</u>

REINSTATEMENT 1999-2001

np

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**

Kim-O. R. Moore

Date 6-18-01

Daytime Phone #

513-563-1400

Typed or printed name of signing Managing Member/Manager KEITH R. MILLER, MIKE ALBERT LEASING, INC