


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

**DOCUMENT #** L98-1190

**1. Limited Liability Company's Name**  
Nesta Holdings, LLC

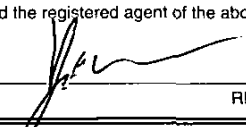
<b>2. Principal Office Address</b> PO Box 100268		<b>3. Mailing Office Address</b> Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral Fla.		City & State	
Zip 33910	Country USA	Zip	Country

<b>4. State/Country of Formation</b> Florida / USA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/23/98	
<b>6. FEI Number</b> 630901211	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

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

Name Joseph G. Viacava		600003455456-2	
Street Address (P.O. Box Number is Not Acceptable) 1645 SE 40th Terrace		-11/07/00-01088-014	
Suite, Apt. #, Etc. Cape Coral, Florida		*****50.00 *****50.00	
City Cape Coral	State FL	Zip Code 33904	

**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.**

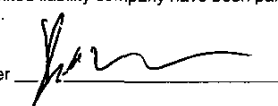
Signature of Registered Agent  Date 10/17/00

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
member	William T. Moodie	25 Englewood Avenue	Everett, Mass. 02149

**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 10/17/00 Daytime Phone # (941) 334-7696

Typed or printed name of signing Managing Member/Manager Joseph G. Viacava

CR2E041 (9/99)