PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	FILED
DOCUMENT # LOODO 1819  1. Limited Liability Company's Name		99 NOV -4 PN 3:04  SECRETARY OF STATE TALLAHASSEE, FLORIDA
TREMARALE, L.C.		THEROTOPEL, CENTUM
· L98000001819		REINSTATEMENT 90
2. Principal Office Address 43 LAKE ELDISE CTS	3. Mailing Office Address 43 LAFE ELOISE CT SE	4. State/Country of Formation
Suite, Apt. #. etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified Sept, 14, 1998
City & State WINTER HAVEN, FL	City & State WINTER HAYEN FL	6. FEI Number 59-3532843 Applied For
33884 Country POLK	33884 POLK	7. CERTIFICATE OF STATUS DESIRED S5 80 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name PANAGIOTIS LAKOVIDIS		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
Suite, Apr. *, Etc.		
City WINTER HAVEN FZ State Zip Code 33884		
9. I, being appointed the registered agen) of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date 10/26/99  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage		ager City / State / Zip
MGR PANAGIOTIS LAKE	OVIDIS 43 LAKE ELDIS	ECTSE WINTER HAVEN, FL 33884
		1000030478217 -11/17/9901102002 ****155.00 ****155.00
		JA18-019
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 indigated 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 10/26/99 Daytime Phone # 941-3180242  Typed or printed name of signing Managing Member/Manager  PANAGIOTIS IAKOVIDIS		