PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # L98000002126 1. Limited Liability Company's Name John Settle Holdings L.L.C.					2004 OCT 21 PM 1: 08	
					TALLAHASSEE, FLORIDA 100042064130 21/0401035001 **250.00	
		3. Mailing Off	3. Mailing Office Address		untry of Formation	
Suite, Apt. #	, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		locida Janized or Qualified Janizes in Florida	
City & State	John Settle Holdings L.L.C. 2. Principal Office Address 96 Mayfair Lane Suite, Apt. #, etc. City & State Boynton Beach Fl Country 33426 Name John Settle Street Address (P.O. Box Number is N Suite, Apt. #, Etc. City Boynton Beach 9. I, being appointed the registered agent of the above the suite of Registered Agent But the suite of Registered Agent Rame of Name of Name of Name of		City & State		hber Applied For	
^{Zip} 33426		Zip	Country	7. CERTIFICA	Not Applicable S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
John Settle Street Address (P.O. Box Number is Not Acceptable) 96 Mayfair Lane Suite, Apt. #, Etc.						
Signature of Registered /	Agent	REGISTERED AGE	2	ar with and accept the oblig	Date	
			Street Add	ress of Each		
Titles	Managing Membe			mber/Manager	City / State / Zip	
mgr	John Settle	Settle 96 Mayfair Lane			Boynton Beach Fl. 33426	
				REMOTA	TEVENT 2002-04	
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 deep bald. The internation 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 Date Date Daytime Phone # 561-433-4653 John Settle						