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REINSTATEMENT 2003-04 *JP*

12. 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 _____ **SIGNATURE REQUIRED** _____ Date 3/7/2004 Daytime Phone # 386-238-3600

Typed or printed name of signing Managing Member/Manager Devin Tower, Member