PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT Screenary of State oversion of State oversion of State oversion of State oversion of Company's Name L 98-329 SCREET ARY OF STATE JALLAHASSEE, FLORIDA SUR, Agt. 4 etc. Sold State G. FEI Number REINSTATEMENT SCREET ARY OF STATE JALLAHASSEE, FLORIDA SCREET ARY OF STATE JALLAHASSEE, FLORIDA RESISTATE JALLAHASSEE J	PLEASE READ ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM.	
A. Sales Open Address 2. Principal Office Address 3. Mailing Office Address 4. Sales Open Address 4. Sales Open Address 4. Sales Open Address 5. Date Open Address 6. FE Number 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent 8. Date Open Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. Large Agent Agent Current Registered Agent 9. Large Agent Agent Current Registered Agent 9. Address of Current Registered Agent	COMPANY REINSTATEMENT LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	FILED	
4. State Computer Field Solide Apt. 4 etc. S. Date Organized or Copputer To Do Business in Full Applied For To Do Business in Full To Do Business in Full Applied For Non Application To Do Business in Full Applied For Non Application To Do Business in Full Applied For Non Application To Do Business in Full Applied For Non Application To Do Business in Full Applied For Non Application To Do Business in Full Applied For Non Application To Do Business in Full Applied For Non Applied For Non Applied For Non Application To Do Business in Full Applied For Non Applied For	1. Limited Liability Company's Name	TALLAHASSEE, FLORIDA	
City & State Ci	1600 Jul 600	4. State/Country of Europation/	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suito. Apt. 4. Etc. City State City State Tiles Managing Members Managers Name of Managing Members Managers Note of Note Managers Note of Note Managing Members Managers Note of Note Managing Members Managers Note of Note Manage	Ban to the	To Do Business in Flora 6. FEI Number Applied For Not Applicable	
Suite, Apt. #, Etc. City State Signature of Plegistered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Titles Managing Members/Managers LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Managers Titles Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Each Managing Members/Manager LYO NE MIZ NWW AH 803 Box A RAYOW, FC Street Address of Managi	8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1.2703/00-01041-03		
Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members M	City	State Zip Code	
11. I certify that I am managing pember/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application 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 lability 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 10-28-00 Daytime Phone #56/289-34434	Signature of Registered Agent Date 0-30-00		
11. I restify that I am managing prembet/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application 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 lability 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 Merriber/Manager Date 10-28-00 Daytime Phone #56/289-344341	Titles Name of Managing Members/Managers Street Address of Each Managing Member/Manager City/State/Zip 33432 Chamin Richard Summo Leo No Microra At 803 Box Ruggon, FC		
11. I certify that I am managing prember/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application 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 lability 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 Merriber/Manager Date 10-28-00 Daytime Phone #56/289-3434			
as if made under oath Signature of Managing Mernber/Manager Date 10-28-00 Daytime Phone #56/ 289-3434	11. I certify that I am managing prember/manager or the receiver or trustee empowered to execute this appli	ication as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608 406, F.S. and that	