1. DOCUMENT # L9900000183

Name and Mailing Address

DIASION OF CORPORATION W.C.O.3/

300030386323 03/12/04--01055--003 **200.00



行车	2755	2007		1183	992011 010 10110 10111 00111 00111 00111	1111	
HE	INSTATEMENT	2004		<u> </u>	····	· <u></u>	
2. New Mailing Address 5224 W. State Road 46, Suite 330					ountry of Formation		
City, State, Sanfo	zip rd, FL 32771		5. Date Organized or C To Do Business in F		ized or Qualified ness in Florida	01/11/1999	
9600 HWY. 192 WEST, LOT #239 CLERMONT FL 34711 City, Sta		•	ew Principal Place of Business Address B.S. Orange Blossom Tr., #B-17		6. FEI Number Applied Fo 59-3553404 Not Applied		
		City, State, Zip Kissimmee, FL 34746		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
	8. Name and Address of Current F	Registered Agent		9. Name and Address of New Registered Agent			
DA	ILEY, SANDY	<u> </u>	Ne Dailey, Sandy				
9600 HWY. 192 WEST, LOT #239 CLERMONT FL 34711		!	St 4648 S. Ozarge Bloss Ci Kissimmee		mber is Not l'acti, #B-17		
		I				FL 34746 de	
Signature of Registered	Agent RE	am familiar with and	d accept the obilg	Date 3/2	104		
11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)			eet Address of Each ging Member/Manager		City / State / Zip		
MGR	Dailey, Bob	o 3700 US Hwy 1			Davenport, FL 33837		
≨.=MGR			92-WEST, LST #298	*****	SLERMONT FL		
MCR						34746	
				900030386323 0371270401055010 ***50.00			
	REINSTATEME	2003- 2004					
filing th all fees as if m Signature o	y that I am managing member/manager on his reinstatement application the reason for sowed by the limited liability company have nade under oath. of SIGNATION Member/Manage	r dissolution has been eliminated, the	limited ability comp	cany name satisfic is true and accur	es the requirements of se	ection 608.406, F.S., and that	