DOCUMENT # L99000000793

Name and Mailing Address

Typed or printed name of signing

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Mailing Address				4. State/Coun	State/Country of Formation     FL		
City, State, Zip				Date Organized or Qualified     To Do Business in Florida     O2/11/1999			
Principal Place of Business 2922 W. BAYVIEW #5 TAMPA FL 33619		3. New Principal Place of Business Address		ff	6. FEI Number Applied For 59-3556417 Not Applied For		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED X \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
COX, MELISSA 2824 W MORRISON AVE TAMPA FL 33609			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
Signature of Registered	Agent	GISTERED AGENT MUST SIGN Member/Manager	ED ———		Date		
Title(s)	Name of Managing Members/Managers		eet Address of Ea ging Member/Ma		City / State / Zip		
MGR	SLACK, EDWIN	P.O. BOX 88	NIA _		TAMPA FL 33601		
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filing th all fees	y that I am managing member/manager o its reinstatement application the reason for cowed by the limited liability company have lade under oath.	dissolution has been eliminated, the	limited liability co d on this applicati	mpany name satisfie	s the requirements of section 6	08.406. F.S., and that	