


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OCT 19 PM 11:02 <div style="text-align: right; font-size: 2em; margin-top: 20px;">f</div> <div style="text-align: right; margin-top: 10px;">100003456171--1 -11/07/00--01123--001 ****155.00 ****155.00</div>	
DOCUMENT # L99000000935					
1. Limited Liability Company's Name Specialty Sales, LLC					
2. Principal Office Address 579 NE Plantation Rd Suite, Apt. #, etc. Ocean House 308 N City & State Stuart FLA Zip 34996 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation FLA 5. Date Organized or Qualified To Do Business in Florida Feb 15, 99 6. FEI Number 58-2444204 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name: Same as above Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: Richard H. Wentworth Date: Oct. 12, 00 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	Richard H. Wentworth	579 NE Plantation Rd	Stuart, FLA 34996		
D. MGR	Greg A. Petersen	1810 Severinsen St.			
			Hollister, CA 95023		
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 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: Richard H. Wentworth Date: 10/12/00 Daytime Phone #: 561 225 3888					
Typed or printed name of signing Managing Member/Manager: Richard H. Wentworth					