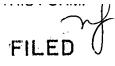
LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine, Harris

	DOCUMENT #	L99000001110
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С	ED LIABILITY COMPANY ISTATEMENT)	DEPARTM Katherine, Secretary of Ision of cor	of State	:	FILED 00 DEC 13 AM 9: 47		
DOCUMENT # L9900001110 1. Limited Liability Company's Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
7#8	E RESELUE AT/	37 N O	MEA!	Dowl IC			<i>Э00</i> 0	
2. Principal	I Office Address	3. Mailing O	ffice Address]) 1999 poplied For of Applicable	
870	DO HOPEMONT WA	1 Jan	mE		4. State/Cou	4. State/Country of Formation		
Suite, Apt. #		Suite, Apt. #,	etc.		FL	ORIDA	0, 1999	
						inized or Qualified Consistence of Qualified C	1000	
City & State		City & State	`			EBRUARY R	0,1999	
Kr	JOXUIUE TN	1 5/	3 m		6. FEI Numb		oplied For	
Zip	Country	Zip	C	ountry	7.		Of Applicable	
_379	773 USA	Um	32	· USA		E OF STATUS DESIRED S3.00 Additions to receive the control of th	19 of 21 gives	
		8. N	ame and Addr	ess of Current Regis	ered Agent		to of Status	
	Name	<u></u>	00	70- 0		<u> </u>	1	
ļ	BERT C. Jimon	<u>, Sjour</u>	<u>28</u>	ARTNER B	Rock An	Dumon	_	
	Street Address (P.O. Box Number is N	ot Acceptable)	_	3TIVU S				
	1660 WDEr	VI IN C	<u> VICCUR</u>	00112	<u> </u>		-{} ▮	
	, , , , , , , , , , , , , , , , , , , ,					~ <u>-</u> .	-≣	
	City JACKSONUIU	ر عر				State Zip Code FL 32207	1	
9. I, being a	appointed the registered agent of the abo		d liability compa	any, am familiar with an	d accept the obliga		041 (9/99)	
Signature of Registered A	Agent X / Let A	GISTERED AG				Date X 12/6/00	CR2E041 (9/99	
10. Names	s and Street Addresses of Managing Mer	bers/Managers	·			 		
Titles	Name of Street Address of Eac Managing Members/ Managers Managing Member/ Man			er City / State / Zip				
ngan	ALLIANCE CORP OF	TN	8700	Hopeni	NT WAY	KNOXUILLE TN 3	7923	
			`		2	00003510932 12/21/0001093; ****150,00****)	-001 50.00 =	
11. I certify filing thi all fees as if ma	that I am managing member/manager is reinstatement application the reactor for owed by the limited liability corporate favorable under oath.	the receiver or dissolution has to been paid. The	trustee empow- oeen eliminated information ind			ed for in chapter 608, F.S. I further certify the state requirements of section 608.406, F.S. ate, and my signature shall have the same I		
	ember/Manager		ZOBER	DateX	11/21/00	Daytime Phone #		
yped or prin	nted name of signing Managing Member/	Manager\	100 dc	100	ب ۱ د			