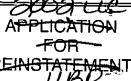
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT # L99000001814

Name and Mailing Address

0000659 01 FP 0.352 **PRSRT T3 0 0615 32801-180120 lalladdladdlaadladlladdlaadhaddlaadall SMILES 'N SUN, L.C. 220 NORTH PALMETTO AVENUE, SUITE 200 ORLANDO FL 32801-1801

FILED 02 NOV 12 AM 10: 03 500005759955 11704702-01058-004 **100.00

:4016 CORTEZ NO W #1/05			4. State/Country of Formation FL	
BRADENTON, FL 34210			5. Date Organized or Qualified- To Do Business in Florida 03/31/1999	
Principal Place of Business	3. New Principal Place of Business	Address	6. FEI Number Applied For	
220 NORTH PALMETTO AVENUE, S	SUITE 200 SAME A	5 ABOVE	59-3672177 Not Applical	
ORLANDO FL 32801 City, State, Zip		CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
CROSBY, J. WAYNE 220 NORTH PALMETTO AVENUE, SUITE 200 ORLANDO FL 32801		Name RICK GRAEP Street Address (P.O. Box Number is Not Acceptable) 40/6 COKTEZ KO W #1/05		
		City BLAC	DENTUN FL Zip Code 34210	
10. I, being appointed the registered agent of the above Signature of Registered Agent REGI	ve named limited liability company, an	m familiar with and	d accept the obligations of Chapter 608, F.S. Date	
11. Names and Street Addresses of Each Managing M	lember/Manager	212.1-		
Title(s) Name of Managing Members/Managers		Address of Each g Member/Manage	er Oity / State / Zip	
MGRM THE FORMISON TRUST	P.O. BOX N-65		NASSAU, BAHAMAS	
12 Lootify that Law managing rough a /				

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 filling 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.

Managing Member/Manager

Date 11-07-02 Daytime Phone