Sent By: HARRISON HENDRICKSON; [illegible] 04 10:57; Job 7;Page 2/2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000002002

1. Limited Liability Company's Name

C & H DEVELOPMENT OF FLORIDA, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
731 Hillcrest Drive		P.O. Box 9138	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bradenton, FL		City & State: Bradenton, FL	
Zip: 34209	County: Manatee	Zip: 34206	County: Manatee

4. State/Country of Formation: Florida/Manatee

5. Date Organized or Qualified To Do Business in Florida: 4/9/1999

6. FEI Number: 65-0927311 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED [ ]

8. Name and Address of Current Registered Agent

Name: G. Joseph Harrison

Street Address (P.O. Box Number is Not Acceptable): 1206 Manatee Avenue West

Suite, Apt. #, Etc.:

City: Bradenton | State: FL | Zip Code: 34205

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: [signature] Date: July 20, 2004

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAMES J. HEAGERTY, JR.	731 Hillcrest Drive	Bradenton, FL 34209
MEM	JAMES J. HEAGERTY, JR.	731 Hillcrest Drive	Bradenton, FL 34209

REINSTATEMENT 2000-2004

11. I certify that I am a 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 608.508, 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: [signature] Date: 7-20-04 Daytime Phone #: 941-727-2800

Typed or printed name of signing Managing Member/Manager: _____

Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HARRISON, HENDRICKSON & KIRKLAND, P.A.
Account Number : 120010000002
Phone : (941)746-1167
Fax Number : (941)746-9229

LIMITED LIABILITY REINSTATEMENT

C & H DEVELOPMENT OF FLORIDA, L.L.C.

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