
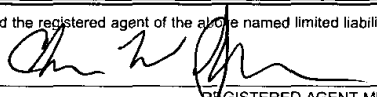
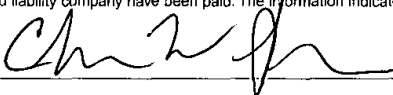


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L99-2371																															
1. Limited Liability Company's Name SZULUK FAMILY I, L.L.C.																															
2. Principal Office Address 41 LOST BEACH LANE Suite, Apt. #, etc. City & State VERO BEACH FL Zip 32963 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																													
4. State/Country of Formation FLORIDA/USA		5. Date Organized or Qualified To Do Business in Florida 05/19/99																													
6. FEI Number 65-0913743		Applied For Not Applicable																													
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.00 Additional Fee required for a Certificate of Status																													
8. Name and Address of Current Registered Agent Name CHARLES W. SZULUK Street Address (P.O. Box Number is Not Acceptable) 41 LOST BEACH LANE Suite, Apt. #, Etc. City VERO BEACH State FL Zip Code 32963																															
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  Date 10/25/01 REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>CHARLES W. SZULUK</td><td>41 LOST BEACH LANE</td><td>VERO BEACH FL 32963</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	CHARLES W. SZULUK	41 LOST BEACH LANE	VERO BEACH FL 32963																				
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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  Date 10/25/01 Daytime Phone #561-234-6375 Typed or printed name of signing Managing Member/Manager CHARLES W. SZULUK																															

FILED
NOV 14 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

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