LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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2. Principal Office Address

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

1. Limited Liability Company's Name

L99-2952

3. Mailing Office Address

DID investment propertys

FILED

-00 DEC 20 AM 11: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

of

REINSTATEMENT 2000

Date 12-12-00 Daytime Phone # 813 - 966 9663

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		tLorido		rough
					ized or Qualified ness in Florida	,
City & State		City & State	~ <i>,</i>	6. FEI Numbe		Applied For
lampa	FC	Jampa 1	- <u>(</u> ,		78946	Not Applica
Zip I	Country	Zip	Country	7.		\$500 Additional Georegy
33025	Hill shorough	33625	Hillsborough	CERTIFICATE	OF STATUS DESIRED	der Confidence de la co
		8. Name and A	ddress of Current Register	red Agent		
Nam		} .	· <u>· · · · · · · · · · · · · · · · · · </u>			
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B	et Address (P.O. Box Number is No 2919 Tall Scr	Hur C+		40	-12/28/00	
	e, Apt. #, Etc.	<u> </u>		<u></u>	****150.00) ****15 0. 00
City	am Pa				State Zip Code	75
	ted the registered agent of the above	us named limited liability so	many am familiar with and	accept the obligation		·
	ted the registered agent of the above		mpany, am iamiliai with and	accept the obligation		_
Signature of Registered Agent (1 huy 21 DM	cons			Date /2-/2-C	ාට
	RE	GISTERED AGENT MUST	SIGN			
10. Names and S	Street Addresses of Managing Mem	bers/Managers				
Titles	Name of Managing Members/Manage	ve -	Street Address of Each Managing Member/Mana	n vaer		State / Zip
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	am managing member/manager or tatement application the reason for					
all fees owed b	by the limited fiability company have	been paid. The information	indicated on this application	is true and accurate	e, and my signature shall	have the same legal effect