

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 # L99000005296		00 DEC -4 AM 11:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name End Result of Sanibel Island, LLC			
2. Principal Office Address 2075 Periwinkle way Suite, Apt. #, etc. #18 City & State Sanibel, FL Zip Country 33957 USA		3. Mailing Office Address 2075 Periwinkle way Suite, Apt. #, etc. #18 City & State Sanibel, FL Zip Country 33957 USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 10/15/99	
6. FEI Number 52-2192255		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Daniel Thompson Street Address (P.O. Box Number is Not Accepted) 2075 Periwinkle way Suite, Apt. #, Etc. Suite 18 City Sanibel State FL Zip Code 33957			
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 11-30-00 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Laura Herman	1243 Smithfield Cir	State College PA 16801
MGR	Nancy Herman	"	"
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 [Signature]		Date 11/9/00	Daytime Phone # 814 237-9657
Typed or printed name of signing Managing Member/Manager Laura Herman			

CR2E041 (9/00)