

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L99000005 296

1. Limited Liability Company's Name

End Result of Sanibel Island L.L.C.

2. Principal Office Address

2075 Periwinkle Way

Suite, Apt. #, etc.

#18

City & State

Sanibel, FL

Zip

33957

Country

U.S.A

3. Mailing Office Address

109 S. Allen St

Suite, Apt. #, etc.

City & State

State College, Pa

Zip

16801

Country

U.S.A

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

8-24-1999

6. FEI Number

522192255

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Laura J. Herman

Street Address (P.O. Box Number is Not Acceptable)

2075 Periwinkle Way

Suite, Apt. #, Etc.

#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]

REGISTERED AGENT MUST SIGN

Date

12/17/03

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 J. Herman	109 S. Allen St	State College, Pa 16801
MGR	Nancy J. Herman	1180 Emerald Lane	Singer Island, FL 33404

REINSTATEMENT

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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

[Signature]

Date

12/17/03

Daytime Phone #

814-237-9657

Typed or printed name of signing Managing Member/Manager

Laura J. Herman