PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **Katherine Harris** COMPANY Secretary of State REINSTATEMENT DIVISION, OF CORPORATIONS 00 NOV -9 PM_1:02 DOCUMENT # L 990000581. Limited Liability Company's Name est ments, L. REINSTATEMENT 2000 Principal Office A 3. Mailing Office Address State/Country of 11.5 Suite, Apt. #, etc 5. Date Organized Citv City & 6. Applied For Not Applicable 7. Colligence (Collignation) (Collignat CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent 100003478961#-____11/28/00==01097==020 9 ****190.00 (table) ****150.00 100003478961 Suite, Apt. #, Etc. 22.2 State ******* []] -******** 5,00ୖ୶ CR2E041 (9/00) the above named limited liability company, em familiar with and accept the obligations of Chapter 608, F.S 9. I, being appoint nen 7.00 Signature of Date . Registered Agent RĚGISTERED ĂĞENT 10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Each City / State / Zip Managing Members/Managers Managing Member/Manager 35010 525 Mel ALEven LAVE AliANII, FL. 0 998 eest- 11 AMI, Fl. 33130 11. I certit/; 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 stilling 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 line of ability liability company have been paid. The infty nation indicate (In this application is true and accurate, and my signature shall have the same legal effect all fees owed by the line info oplication is true and accurate, and my signature shall have the same legal effect as if made under oat Signature of Daytime Phy Managing Member/Manager Typed or printed name of signing Managing Member/Manager