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SECRETARY OF STATE TABLEAHASSEE, FLORIDA

1. DOCUMENT #

L99000007098

Name and Mailing Address

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Typed or printed name of signing Managing Member/Manager



2. New Mailing Address				4. State/Country of Formation		
		<del></del>		FL	·	
City, State, Zip				5. Date Organized of Quainled To Do Business in Florida 10/21/1999		
Principal Place of Business 220 EASTPARK DR. CELEBRATION FL 34747		New Principal Place of Business Address		6. FEI Number Applied For 59–3600194 Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
<del></del>	8. Name and Address of Current F	Registered Agent		9. Name and Address of New Registered Agent		
220	JRD, WILLIE E 0 EASTPARK DR. :LEBRATION FL 34747		Name Street pains	TELESTATEMENT 2002		
			City		FL	Zip Code
10. 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  REGISTERED AGENT MUST SIGN						
11. Names and Street Addresses of Each Managing Member/Manager						
Title(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	HURD, WILLIE E	220 EASTPARK			CELEBRATION FL 34747	
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12. 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 sees owed by the limited liability company have been paid. The formation indices 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/Manage						