

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 2003 2004

2. New Mailing Address <i>60 Rogers, Wood, Hill, Starman & Gustason, P.A. CPA 606 Bald Eagle Drive</i> City, State, Zip <i>Marco Is, FL 34145</i>		4. State/Country of Formation FL	
Principal Place of Business 229 N. COLLIER BLVD. MARCO ISLAND FL 34145		5. Date Organized or Qualified To Do Business in Florida 10/27/1999	
3. New Principal Place of Business Address <i>606 Bald Eagle Drive</i> City, State, Zip <i>Marco Is, FL 34145</i>		6. FEI Number 65-0958817	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
ROCHE, CHRISTOPHER A 229 N. COLLIER BLVD. MARCO ISLAND FL 34145	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	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  **NOTAR PUBLIC REQUIRED** Date 6-16-04

REGISTERED AGENT MUST SIGN

[illegible]

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 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  Date 6-16-04 Daytime Phone # 239-394-7502