

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 NOV 27 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000007593

Name and Mailing Address

0010647 01 FP 0.352 **PRSRT H9 0 0615 34786-560946

ANDERSON INVESTMENTS, L.L.C.

6246 GREATWATER DRIVE
WINDERMERE FL 34786-5609



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6246 GREATWATER DRIVE WINDERMERE FL 34786		5. Date Organized or Qualified To Do Business in Florida 11/09/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3615892	
		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 TAYLOR, JOHN A 14 E. WASHINGTON STREET, SUITE 500 ORLANDO FL 32801		9. Name and Address of New Registered Agent Name <u>Jeff Anderson</u> Street Address (P.O. Box Number is Not Acceptable) <u>6246 Greatwater Dr</u> City <u>Windermere</u> FL <u>34786</u>	
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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 [Signature] Date 11/25/02

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
MGRM	ANDERSON, JEFFREY B	6246 GREATWATER DRIVE	WINDERMERE FL 34786

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 [Signature] Date 11/25/02 Daytime Phone # 467-340-1873

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2002