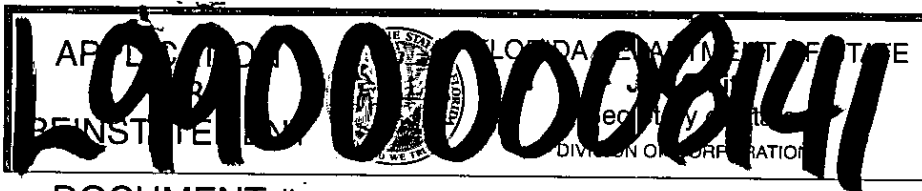


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



AND
FILED

02 NOV 14 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008141

Name and Mailing Address

0004786 01 FP 0,352 **PRSR T5 0 0615 33604-503723



LIVE OAK ORCHIDS, L.L.C.
1223 E CRAWFORD ST
TAMPA FL 33604-5037

REINSTATEMENT 2002



| | | | |
|--|-----------------------------------|--|--------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 1223 E CRAWFORD ST TAMPA FL 33604 | | 5. Date Organized or Qualified To Do Business in Florida 11/18/1999 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 59-3607956 | |
| 8. Name and Address of Current Registered Agent KOWALCZYK, RYAN 1223 E CRAWFORD ST TAMPA FL 33604 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11/14/02--01077--002 **150.00 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 <i>[Signature]</i> Date <i>11-10-02</i> 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 | BURCHETT, JOHN | 1223 E CRAWFORD ST | TAMPA FL 33604 |
| MGRM | KOWALCZYK, RYAN | 1223 E CRAWFORD ST | TAMPA FL 33604 |
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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 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 *11-10-02* Daytime Phone # *813-236-8309*

Typed or printed name of signing Managing Member/Manager