

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
03 FEB 26 PM 12:27

1. DOCUMENT # L99000008418

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004864 01 FP 0.352 **PRSRT T5 0 0615 33607-593140

CAPITAL ADVANCE INVESTMENT MANAGEMENT, LLC
2701 NORTH ROCKY POINT DRIVE, STE. 990
TAMPA FL 33607-5931

100013139631
02/26/03--01048--022 **200.00



2. New Mailing Address 2502 ROCKY POINT DR STE 670 City, State, Zip TAMPA FL 33607		4. State/Country of Formation FL																																					
3. New Principal Place of Business Address 2701 NORTH ROCKY POINT DRIVE, STE. 990 TAMPA FL 33607 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/01/1999																																					
6. FEI Number 59-3610044		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 LELEKACS, MARK 4524 DEVONSHIRE BLVD. PALM HARBOR FL 34685		9. Name and Address of New Registered Agent Name: MARK LELEKACS Street Address (P.O. Box Number is Not Acceptable): 11601 INNFIELDS DR City: DDESSA FL Zip Code: 33556																																					
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: <u>A Mark Lelekacs</u> Date: <u>2/14/03</u> REGISTERED AGENT MUST SIGN																																							
11. Names and Street Addresses of Each Managing Member/Manager <table border="1"> <thead> <tr> <th>Title(s)</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>A. MARK LELEKACS</td> <td>2701 NORTH ROCKY POINT DRIVE, STE. 990</td> <td>TAMPA FL 33607</td> </tr> <tr> <td></td> <td></td> <td>2502 ROCKY POINT DR STE 670</td> <td>TAMPA FL 33607</td> </tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	A. MARK LELEKACS	2701 NORTH ROCKY POINT DRIVE, STE. 990	TAMPA FL 33607			2502 ROCKY POINT DR STE 670	TAMPA FL 33607																								
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REINSTATEMENT

02-03
AK

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: A Mark Lelekacs Date: 2/14/03 Daytime Phone #: 813-288-6934

Typed or printed name of signing Managing Member/Manager: A MARK LELEKACS

CR2E084 (8/02)