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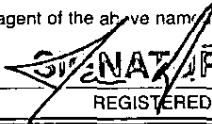
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

Barcode:

151 MARY ESTHER BLVD., SUITE 102-B
MARY ESTHER FL 32569-1965



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/29/1999	
Principal Place of Business 151 MARY ESTHER BLVD., SUITE MARY ESTHER FL 32569	3. New Principal Place of Business Address 102-B		6. FEI Number 59-3610693
	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TATE, JON A 151 MARY ESTHER BLVD., SUITE 102-B MARY ESTHER FL 32569		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 <u></u> SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date <u>10/20/03</u>			
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
P	TATE, JON A	1203 BAGDAD CORE	GULF BREEZE FL 32581
			200024282982 10/30/03-01023-011-***155.00
			REINSTATEMENT 03 days dca

CB2F084 (7/03)

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/Manage

~~SIGNATURE REQUIRED~~

Date 10/20/03 Daytime Phone # (850) 244-4443

Typed or printed name of signing Managing Member/Manager