

APPLICATION FOR REINSTATEMENT

19000009143

RECEIVED

SECRETARY OF STATE

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Mailing Address

Age Group	Percentage
18-24	12
25-34	28
35-44	22
45-54	18
55-64	15
65-74	10
75-84	8
85-94	5
95+	3

F557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND FL 32751-4200



2. New Mailing Address <b>24 LANDSCAPE CRESCENT</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>CHURCHTOWN, DUBLIN 14, IRELAND</b>		5. Date Organized or Qualified To Do Business in Florida <b>12/23/1999</b>	
Principal Place of Business <b>557 NORTH WYMORE ROAD, SUITE 100 MAITLAND FL 32751</b>		3. New Principal Place of Business Address <b>1908 Woodward Street Orlando, FL 32803</b>	
6. FEI Number <b>59-3622745</b>		Applied For <b>Not Applicable</b>	
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 <b>KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND FL 32751</b>		9. Name and Address of New Registered Agent <b>SANDRA WILKENING 1908 WOODWARD ST ORLANDO, FL 32803</b>	
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 <b>Sandra Wilkening</b> Date <b>5/27/04</b> 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
<b>MEM</b>	<b>BELLEW, EUGENE</b>	<b>24 Landscape Crescent</b>	<b>Churchtown, Dublin 14 Ireland</b>
<b>MEM</b>	<b>BELLEW, BARBARA</b>	<b>24 Landscape Crescent</b>	<b>Churchtown, Dublin 14 Ireland</b>
<b>500031589335</b> <b>06/28/04--01062--001 **50.00</b>			
<b>REINSTATEMENT 2003-04</b>			
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 <b>Sandra Wilkening</b> Date <b>2.23.04</b> Daytime Phone # <b>011-353-1-2985914</b>			