PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE 2005 MAY -2 PM 3: 46 COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # M00000000141 1. Limited Liability Company's Name ETP. LLC 2. Principal Office Address 3. Mailing Office Address 5260 4. State/Country of Formation Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Numbe Applied For Not Applicable Country Country \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent Name Street Address (P.O. Blax Number is Not Accept 300054915243 Suite, Apt. #, Etc. City Zip Code State FL 3250 9. 1, being appointed the regi d limited liability company, am familiar with and accept the obligations of Chapter 608, F.S Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip MGRM 11. 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. Managing Member/Manager Typed or printed name of signing Managing Member/Manager