

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RE STATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 25 PM 2:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001017

Name (Mailing Address)

0017000 01 MB 0.309 **AUTO H2 0 0615 95404-632603



PEAK ATTRACTIONS, LLC

468-YOLANDA-#3

SANTA ROSA CA 95404-6326



2. New Mailing Address <i>Pick 39 space M-3</i>		4. State/Country of Formation <i>CA</i>	
City, State, Zip <i>San Francisco, CA 94133</i>		5. Date Organized or Qualified To Do Business in Florida 05/02/2001	
Principal Place of Business 468 YOLAND AGVE #3 SUITE SANTA ROSA CA 95404		3. New Principal Place of Business Address <i>350 Bay St PMB #370</i>	6. FEI Number 91-1765354
		City, State, Zip <i>San Francisco, CA 94133</i>	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 MOLLY, STEPHEN 3947 PROMONADE3 SQ DR #4022 ORLANDO FL 32837		9. Name and Address of New Registered Agent 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 <i>[Signature]</i> Date <i>1/27/03</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	O'BRIEN, PATRICK	468 YOLANDA #3 <i>Pick 39 space M-3</i>	SANTA ROSA CA 95404 <i>94133</i> <i>San Francisco, CA</i>
MGRM	HUTTON, JAMES	468 YOLANDA #3 <i>Pick 39 space M-3</i>	SANTA ROSA CA 95404 <i>San Francisco, CA 94133</i>
400029384354 02/25/04--01015--018 **200.00			
REINSTATEMENT <u>2003-04</u>			
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 <i>[Signature]</i>		Date <i>1/27/03</i> Daytime Phone # <i>415 981 6300</i>	
Type or printed name of signing Managing Member/Manager			

CR2E084 (7/03)