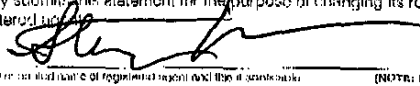
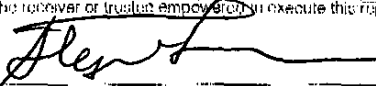


FILED

OCT 29 PM 3:11

**2004 LIMITED LIABILITY COMPANY
REINSTATEMENT**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001196 1. Entity Name KNAPP ENTERPRISES, LLC																											
Principal Place of Business 530 MAPLE AVE. SARATOGA SPRINGS, NY 12866		Mailing Address 530 MAPLE AVE. SARATOGA SPRINGS, NY 12866																									
2. Principal Place of Business 5021 Eggleston Ave. Suite, Apt. #, etc.		3. Mailing Address 5021 Eggleston Ave. Suite, Apt. #, etc.																									
City & State Orlando, FL Zip 32804		City & State Orlando, FL Zip 32804																									
Country USA		Country USA																									
6. Name and Address of Current Registered Agent KNAPP, STEPHEN 1551 HIBISCUS AVE. WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE:  Signature of registered agent or authorized representative of the entity		DATE: _____ (NOTE: Registered Agent signature required when reinstating)																									
FILE NOW! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																									
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>KNAPP, STEPHEN</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1551 HIBISCUS AVE.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>WINTER PARK, FL 32789</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	KNAPP, STEPHEN	☐	STREET ADDRESS	1551 HIBISCUS AVE.		CITY-STATE-ZIP	WINTER PARK, FL 32789													
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10. ADDITIONS/CHANGES ☐ Change ☐ Addition 900042320559 10/29/04--01073--014 **\$50.00		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr><td>NAME</td><td></td><td>☐</td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr> </table>		TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-STATE-ZIP														
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.																											
SIGNATURE:  SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																											