PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # M01000001227

Name and Mailing Address

FILED

02 DEC 18 PM 1:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Mailing Address					4. State/Country of Formation				
City, State; Zip					- 5. -Date Organ To Do Busii	-5Date Organized or Qualified To Do Business in Florida 06/01/2001			
Principal Place of Business 3. New Principal Place of Business			incipal Place of Business Address		6. FEI Numbe	6. FEI Number		Applied For	
3720 TEXAS BLVD. TEXARKANA TX 75503				75-2939237			Not Applicable		
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status				
-	8. Name and Address of Current	9. Name and Address of New Registered Agent							
GAY, LAMAR 633 TIMBERLANE RD. TALLAHASSEE FL 32312				Name Street Address (P.O. Box Number is Not Acceptable)					
Signature of Registered /		MA SEISTERED AGE	SAL	am familiar with	and accept the obli	gations of Chapter 608, F.S Date/Z/*		v	
	Name of Managing Street Address of Each					Cib. / S	toto / Zie		
Title(s)	Members/Managers	Managing Member/Mar			ager City / State / Zip				
Mant	Thomas H. Fugua.	J. J. 3720 Texas Blvd TexarKana, Tx 75. 500009713875 12/27/02-01034-011 **50.00						5	
						- CK			
filing the all fees as if m Signature o Managing M	y that I am managing member/manager of six reinstatement application the reason to sowed by the limited liability company haviade under oath. f Member/Manager	r dissolution has be been paid. The	een eliminated, the	limited liability of on this applicate Date 10	ompany name satisfi tion is true and accu	es the requirements of secti	on 608.4 have the	106, F.S., and that	