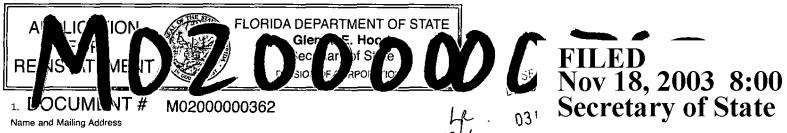
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



700027130101 11/18/03--01033--001 **150.00



REINSTATEMENT 2003

Typed or printed name of signing Managing Member/Manager

| 2. New Mailing Address City, State, Zip | | | | 4. State/Country of Formation NV 5. Date Organized or Qualified To Do Business in Florida 02/08/2002 | |
|--|--|--|--|--|---|
| | | | | | |
| LAS VEGAS NV 89102 City, State, Zip | | City, State, Zip | 7. CERTIFK | | dditional Fee required Certificate of Status |
| - | 8. Name and Address of Current | Registered Agent | 9. Name a | and Address of New Registered Age | ent |
| REID, ROBERT C 3824 SE DIXIE HWY STUART FL 34997 | | | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| 0. I, bein Signature o | Aceni Aceni | pove named limited limity company | | obligations of Chapter 608, F.S. Date ///0//6 | 3 |
| 1 Names | and Street Addresses of Each Managing | GISTERED AGENT MUST SIGN | | | |
| Title(s) | Name of Managing Street Address of 6 | | eet Address of Each ging Member/Manager | | |
| MGR | REID, ROBERT C | 3824 SE DIXI | E HWY | STUART FL 34997 | |
| MGR | REID, LYNETTE | 3824 SE DIXI | Е НЖҮ | STUART FL 34897 | |
| | | 7. A | -A > | | |
| | REINSTAT | EMENT 4 | 5 | | · . |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| 12. I certify filing the alf fees | that I am managing member/manager o is reinstatement application the reason for owed by the limited traviling company has ade undo oath | the ecolusion or trustee empowered solution has been eliminated, the trustee empowered in solution indicates | to execute this application as primited liability company name sation this application is true and a | ovided for in chapter 608, F.S. I furth tisfies the requirements of section 608 ocurate, and my signature shall have t | er certify that when 1.406, F.S., and that he same legal effect |