

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000001395

Name and Mailing Address

0016231 01 MB 0.309 **AUTO TO 0 0615 43215-226575

BI-WEEKLY GUARANTEE COMPANY, LLC
401 N. FRONT ST. SUITE 325
COLUMBUS OH 43215-2265



2. New Mailing Address		4. State/Country of Formation OH	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/31/2002	
Principal Place of Business 401 N. FRONT ST. SUITE 325 COLUMBUS OH 43215	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0577168	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 <u>Carol Skordis</u> Date <u>11/4/03</u> REGISTERED AGENT MUST SIGN <u>Assistant Secretary</u>			
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
MGR	STEIN, DAVID K	401 N. FRONT ST. SUITE 325	COLUMBUS OH 43215
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REINSTATEMENT 03			
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12. I certify that the 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

SIGNATURE REQUIRED

Date

11/3/03

Daytime Phone

(614) 324 4700

Typed or printed name of signing Managing Member/Manager

David K. Stein