


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



SECRETARY OF STATE
DIVISION OF CORPORATIONS

M02000001436

FILED

1. DOCUMENT # M02000001436
Name and Mailing Address

0016284 01 MB 0.309 **AUTO TO 0 0615 41076-977309
TIMELY RETAIL SOLUTIONS, LLC
9 BEACON DRIVE
WILDER KY 41076-9773

03 NOV 13 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation KY	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/29/2002	
Principal Place of Business 9 BEACON DRIVE WILDER KY 41075	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 75-2998509	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 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) 000024653340 11/13/03--01084--003 **150.00 City FL Zip Code
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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 Carol Record **CAROL RECORD** Assistant Secretary Date 10-31-03
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
Chmn	Mr. Thomas K Frickman	9 Beacon Drive	Wilder, Kentucky, 41076
Prs	Mr. Thomas Robinson	13944 Lynner Blvd.	Tampa Florida 33626
Sec/Treas	Mr. Robert D Zeisloft	9 Beacon Drive	Wilder, Kentucky, 41076

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 Robert D Zeisloft **SIGNATURE REQUIRED** Date 10-27-03 Daytime Phone # 859-442-213
Typed or printed name of signing Managing Member/Manager