1. DOCUMENT # M02000001436

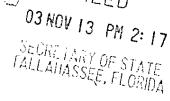
Name and Mailing Address

Signature of

Managing Member/Manage

Typed or printed name of signing Managing Member/Manager

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



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2. New Mailing Address					State/Country of Formation     KY		
City, State, Zip					5. Date Organized or Qualified To Do Business in Florida 05/29/2002		
9 BEACON DRIVE WILDER KY 41075		3. New Prince	New Principal Place of Business Address		6. FEI Number 75-2998509		Applied For Not Applicable
		City, State, Zi	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Age				Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				11/13/0301084:-003 **150.00			
				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							
HEGISTERED 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							<b>,</b>
Mr.	Thomas K Frickman 9		9 Bears	9 Bears Dain		Wilder Kinkony 41076	
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mr,				nor Blod. Tanpa Florida		rrde 33626	
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rn.	Robert D Zeisloft 9 Beaco.			Drive Wilder, Kentruky 41076			
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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.

Date 10-17-03 Daytime Phone # 859-441-113 -