


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
NOV -6 AM 7:46  
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000002514			
1. Limited Liability Company's Name Skilken D.S., LLC			
2. Principal Office Address 4270 Morse Road Suite, Apt. #, etc.		3. Mailing Office Address 4270 Morse Road Suite, Apt. #, etc.	
City & State Columbus, Ohio		City & State Columbus, Ohio	
Zip 43230	Country USA	Zip 43230	Country USA
4. State/Country of Formation OH		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
6. FEI Number 31-1596030		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		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

9. 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 Deborah D. Skipper **Deborah D. Skipper** Date 11/6/03  
 REGISTERED AGENT MUST SIGN **Asst. V. Pres.**

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Skilken, B. Lee	4270 Morse Road	Columbus, OH 43230
MGRM	Gold, Kenneth B.	4270 Morse Road	Columbus, OH 43230
MGRM	Petruziello, Frank R.	4270 Morse Road	Columbus, OH 43230

**REINSTATEMENT 2003** - 400024481464  
BX

11. 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 Kenneth B. Gold Date 11/5/03 Daytime Phone # (614) 418-3100  
 Typed or printed name of signing Managing Member/Manager Kenneth B. Gold

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

# MO2000002514

ACCOUNT NO. : 072100000032

REFERENCE : 310946 5051593

AUTHORIZATION :

*Patricia Pijut*

COST LIMIT : \$ 150.00

ORDER DATE : November 6, 2003

ORDER TIME : 11:14 AM

ORDER NO. : 310946-005

CUSTOMER NO: 5051593

CUSTOMER: Audra Cordell  
Skilken Properties  
4270 Morse Road

Columbus,, OH 43230

DOMESTIC FILINGS

NAME: SKILKEN D.S., LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 NOV -6 PM 12:54  
DIVISION OF CORPORATION