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SECRETARY OF STAIL TALEAHASSEE, FLORIDA

1. DOCUMENT #

M02000002929

Name and Mailing Address

500025777776 12/26/0301035001 **150 00
State/Country of Formation

2. New Mailing Address						4. State/Country of Formation TN 5. Date Organized or Qualified To Do Business in Florida 11/06/2002			
City, State, Zip						5. Date Organized of Qualified To Do Business in Florida 11/06/2002			
Principal Place of Business 1210 BRIARVILLE ROAD, BLDG. F			ipal Place of Busines	s Address	6. FEI Number Applied For 03-0433973 Not Applied For				
MAL	DISON TN 37115	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
C T CORPORATION SYSTEM				Name					
	0 SOUTH PINE ISLAND ROAD INTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	
						. <u> </u>	<u>FL</u>		
10. I, being appointed the registered agent of the above pamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent C T Corporation System									
11. Names	and Street Addresses of Each Managing	Member/Manag	ger		<u> </u>	<u></u>			
Title(s)	Name of Lanaging Members/lanagers			et Address of Eac ing Member/Mana		City / State / Zip			
MGRM	LANGFORD, ROBERT M	FORD, ROBERT M 1210 BRIARVI		LLE ROAD, BLOG	6. F MADISON TN 37115				
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filing thi all fees	that I am managing member/manager of its reinstatement application the reason for owed by the limination that it is a matrix and under oath.	dissolution has	been eliminated, the l	limited liability com	npany name satisfi	es the requirements of	section 608	8.406, F.S., and that	
Signature of 100 100 100 100 100 100 100 100 100 10									

Managing Member/Manage

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1/17/03

3 Daytime Phone # 615-271-1263

Typed or printed name of signing Managing Member/Manager .__