## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  O7 JUL 27 PM 2: 19	
DOCUMENT # MOBCOCOOOBOO BOO BOO BOO BOO BOO BOO BOO	
CR2E041 (1/07)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - Same - 4. State/Country of Formation 0 1 1	
Suite, Apt. #, etc.	
City & State  Applied F  State  Not Applied F  Not Applied F  State  City & State	Гог
Zip Country Zip Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee refor a Certificate of S	equired
8. Name and Address of Current Registered Agent	
WENDY WOLFF  MENOY WOLFF  A \$100 reinstatement fee is imposed, exce	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  1998 SW Granello Torra (4 box, you are certifying the prior notices we	1
box, you are certifying the prior notices we not received and requesting the \$10 not received and re	
City O 4   State   Zin Code	
city Part St. Lucia FL 34953 ADDRESS CHANGED IN 200	4
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  REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of Each Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip	
MGR Wendy Wolff 1998 sw gramello Tor Patst. Luci, FL 3493	3
NI NI	
REINSTATEMENT	
2005-2007	
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 while 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 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 early formation indicated on this application.	that
as if made under oath.	
Signature of Managing Member/Manager Way May Date 7/24/07 Daytime Phone # 772 87/-945	5