PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Zip Country Zip Country 7.	LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 25 AM 10: 52	
2. Principal Office Address 3 8 21 Sunny Side Ct. Suite, Apt. #, etc. City & State Rak ledge, FL Poculable, FL Zip 32 95 5 Country T. CERTIFICATE OF STATUS DESIRED Suite, Apt. #, etc. Rame Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) 38 21 Sunny Side Ct Suite, Apt. #, etc. City Rak Ledge Poul K Thom k Street Address (P.O. Box Number is Not Acceptable) 38 21 Sunny Side Ct Suite, Apt. #, etc. City Rak Ledge Poul K Thom k Street Address (P.O. Box Number is Not Acceptable) Applied For Not Applied FL Suite, Apt. #, etc. City Rak Ledge Poul K Thom k Street Address of Current Registered Agent State State Size Zip Code 32 7 55 Date 119 06 REGISTERED AGENT MUST SIGN Name and Street Addresses of Managing Members/Managers Name of Managing Members/Managers City / State / Zip	1. Limited Liability Company's Name) l4a3		
3821 Sunny side Ct. Suite, Apt. #, etc. City & State Rack ledge, FL Zip 32955 Country Zip Country Zip Country Registered Agent Name Paul K Thank Street Address (P.O. Box Number is Not Acceptable) 3821 Sunnyside Ct Suite, Apt. #, Etc. City & State Rack ledge, FL Zip Country Street Address (P.O. Box Number is Not Acceptable) 3821 Sunnyside Ct Suite, Apt. #, Etc. City Rack ledge, FL Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3821 Sunnyside Ct Suite, Apt. #, Etc. City Rack ledge, FL State Street Address (P.O. Box Number is Not Acceptable) 3821 Sunnyside Ct Suite, Apt. #, Etc. City Rack ledge, FL State Street Address (P.O. Box Number is Not Acceptable) 32955 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 Name of Managing Members/Managers	2. Principal Office Address	3. Mailing Office Address	CR2E041 (8/05)	
City & State Rok-ledge, FL Zip 32955 Country Zip 32955 Country Zip Country Status DesireD Stored Address of Status DesireD Stored Address (P.O. Box Number is Not Acceptable) 382.1 Sunnyside Ct Suite, Api. #, Etc. City City City Routed Ge FL Zip Code 32.55 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 Registered Agent Registered Agent Agent Registered Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers City / State / Zip	3821 Sunnyside Ct.	3821 Sunnyside Ct.	· ·	
Country Zip Country Zip Country Zip To CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requires a Certificate of State St		City & State	5. Date Organized or Qualified To Do Business in Florida 3/16/05	
8. Name and Address of Current Registered Agent Name PAUL K THOMA Street Address (P.O. Box Number is Not Acceptable) 3821 SUANYSIDE CT Suite, Apt. #, Etc. City ROULD GE 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 Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip	Zip Country	Zip Country	7. S5.00 Additional For sequine	
Name Paul K Thank Street Address (P.O. Box Number is Not Acceptable) 3821 Sunnyside Ct Suite, Apt. #, Etc. City Rouled Get 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 Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip	32955		CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
Signature of Registered Agent Tould. The Date 1/9/06 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip	PAUL K THOMA Street Address (P.O. Box Number is Not Acceptable) 3821 Sunnyside Ct Suite, Apt. #, Etc. City ROCKLED GE State Zip Code FL 32955			
Titles Name of Street Address of Each Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip	Signature of Registered Agent Date 9/19/06			
Managing Members/ Managers Managing Member/ Manager Oily / Oild (*) Zip	Titles Name of	Street Address of Eac		
			ayoi	
REMOTATEMENT 2006		RE	MOTATEMENT 2006	
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 filting 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 Lindau Studies, LL Date 9 (19 06 Daytime Phone # 2321.633./8/9 Typed or printed name of signing Managing Member/Manager United Studies Properties, LL C (10) M.A. Julian				