PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **LIMITED LIABILITY Katherine Harris COMPANY** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** DOCUMENT # M97000000383 SECRETARY OF STATE. TALLAHASSEE, FLORIDA 1. Limited Liability Company's Name International Radiology Group, L.L.C. 2. Principal Office Address 3. Mailing Office Address 4. State/Country of Formation Delaware 5. Date Organized or Qualified City & State City & State Applied For Country SSOO Additional Resocciption 11.S.A. for a Certificate of Status. 8. Name and Address of Current Registered Agent Street Address (PO. Box Number is Not Acceptable) State Zip Code 9. I, being appointed th above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Date 12/12/60 Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of City / State / 215 Managing Members/Managers ****150.00

SEE ATTACHED 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

filling 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

Typed or printed name of signing Managing Member/Manager

Titles

INTERNATIONAL RADIOLOGY GROUP, LLC MANAGERS

	MANAGERS
Name	Business Address
Michael Blackburn	Petra Capital L.L.C.
	172 Second Avenue North, Suite 112
	Nashville, Tennessee 37201
	615-313-5999
	615-313-5990 (Fax)
Thomas Fowler	Hunt Capital Partners
	1601 Elm Street, Suite 400
	4000 Thanksgiving Tower
	Dallas, Texas 75201
	214-720-1623
	214-720-1662 (Fax)
Jim Holland, Jr.	Hunt Capital Partners
	1601 Elm Street, Suite 400
	4000 Thanksgiving Tower
	Dallas, Texas 75201
	214-720-1621
	214-720-1662 (Fax)
H. Hays Lindsley	Petrus Fund, L.P. (Perot Investments)
Ì	12377 Merit Drive
	Dallas, Texas 75251
	972-788-3073
	972-788-3097 (Fax)
C.J. Lorio	Director of Business Development
	Salute
	12377 Merit Drive, Suite 1700
	Dallas, Texas 75251
	972-788-3072
Brad Oldham	972-788-3097 (Fax)
	Hunt Capital Partners
	1) 1601 Elm Street, Suite 400
	4000 Thanksgiving Tower Dallas, Texas 75201
	214-720-1624
	214-720-1624 214-720-1662 (Fax)
•	2) 13492 Research Boulevard
	Suite 120 PMB263
	Austin, Texas 78750
	512-258-0001
	512-258-0009 (Fax)
Dr. A. Winston	3424 Gillespie, Villa No. 8
Puig	Dallas, Texas 75219
· ~	214-522-4300
	214-522-1333 (Fax)
<u> </u>	

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED	LIABI	LITY
COM	PANY	•
REINSTA	TEM	ENT



FLORIDA DEPARTMENT OF STATE *Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L97000001453

1. Limited Liability Company's Name

REX QUALITY DEVELOPMENT, L.C. PO Box 195

Winter Haven, Florida 33882-0195

SECRETARY OF STATE	()
TALLAHASSEE, FLORIDA	J
REINSTATEMENT	2000_
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FILED

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2. Principal Offic		3. Mailing Office			
PO Box 1	.95	PO Box	195	4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc		Florida	
				5. Date Organized or Qualified To Do Business in Florida	12/31/1997
City & State		City & State			, , ,
Winter F	Haven, FL 33882	Winter	Haven, FL 33882	6. FEI Number	Applie
	-	-		59-3477137	Not A
Zip	Country	Zip	Country	7. CERTIFICATE OF STATUS DESIRE	\$5.00 Additional Fed

	for a Certificate
8. Name and Address of Current Registere	ed Agent
Name Cynthia Crofoot Rignanese, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 198 First Street South	
Suite, Apt. #, Etc.	
City Winter Haven	State Zip Code 33880

9. I, being a	appointed the registered agent of the above named limited liability company, an familiar with and accept the obligation			
Registered A		Date	12/21/00	ļ
Ū	REGISTERED AGENT MUST SIGN			
_	The state of the s		TO THE MAN AND AND RECORD AND A SECOND AS	
10. Name	es and Street Addresses of Managing Members/Managers			

Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Adriano Feoli, Jr. mgrm 22 Casarena Court Winter Haven, FL 33881 Juan Carlos Feoli 22 Casarena Court Winter Haven, FL 33881 mgrm

	•	80	000035545781 -01/19/0101007006
			****150.00 ****150.00
€.			<u> </u>
		trustee empowered to execute this application as provided	

all fees owed by the limited liability company have been part) 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

Typed or printed name of signing Managing Member/Manager

Applied For Not Applicable ditional Fee required

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2. Principal O 2800 ON. Suite, Apt. #, e #1320 City & State Corac Zip 33134	ce deles	on Blud		3. Mailing C 2800 ONCE Suite, Apt. #, # 1 3 20 City & State Col-Az	etc.	S Blud	FL_	4. 5. 6.	State/Count Date Organ To Do Busin FEI Numbe 95 - 6	try of Form WAR ized or Qu ness in Flo r tb9 4	nation E valified vrida	1635000 AX	Not A	ied For Applicable
	Name MEUU Street Addres Clo Ma Suite, Apt. #,	SS (P.O. Box Nu		t Accepta r) e)	lame and	Address o	Current Regi	istered Ag	gent	3 20		i i i i i i i i i i i i i i i i i i i		ovsiatus
9. I, being app Signature of Registered Age	ent	egistered agent	RE	GISTERED /) ENT MUST		n familiar with	and accep	t the obligati	State FL ons of Cha	Zip Code 331			
Titles		Name naging Membe	of				et Address of ling Member/M				City	/ State / Z	ip	
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CFO 1	MEWA) Pere	2	•	2800	PONOLE	de Leon	- Byw		7 (T) (T)	035:	545	, 33). 79- 1070	8
filing this r	reinstatement	aging member/r	reason for	dissolution has	been elimir	nated, the I	mited liability of	company n	ame satisfies	d for in ch	apter 608, F.S	S. I further ction 608.4	*** 15(t when
all fees ov	wed by the lim le under oath	nited liability con	npany h/ve	been paid. The	informatio	n indicated	on this applica	ation is true	and accura	te, and my	one #	all have the	same leg	al effect

	PLEASE READ	ALL INSTRUCT	TIONS BEFORE (COMPLETI	ING THIS FORM	
C	TED LIABILITY COMPANY NSTATEMENT	Kather Secreta	RTMENT OF STATE rine Harris ary of State corporations		FILED	
1. Limited	UMENT# LO I Liability Company's Name FICASCTA FILMS (99-2114	P	OO DE SECRE TALLA	EC 29 AN 11: 01 ETARY OF STATE THASSEE, FLORIDA	A
911	ILMSOIM FILMS				STATEMEN	T 2000
	al Office Address	3. Mailing Office Addre				
/6309 / Suite, Apt. #	RAMBUNCVINEDO. W.	SAM Suite, Apt. #, etc.	'E	4. State/Count	try of Formation	
	, 40.	Oune, Apr. #, oro.		5. Date Organi To Do Busin	nized or Qualified	
City & State		City & State		6. FEI Number		Applied For
	Ountry Country	Zip	Country	59-	3569926	Not Applicable
3362	14 HILLS BOROCOH	Zih	Country	7. CERTIFICATE	OF STATUS DESIRED (85)	O Additional Feerequired by a Gertificate of Status
		8. Name and	Address of Current Register	red Agent		
	DAMIAN KARCH					
1	Street Address (P.O. Box Number is No	nt Acceptable)	1	·-·		
	16309 RAMBLI	MG VIHE DR.	٠٠٠			
<i>-</i> }	Stine, Apt. #, Etc.	<u> </u>	-			
	City TAMPA ,	<u> </u>		(State Zip Code 33624	
9. I, being	appointed the registered agent of the abov	/e named limited liability or	company, am familiar with and	accept the obligation	ons of Chapter 608, F.S.	
Signature of Registered /	Agent	GISTERED AGENT MUS	ET SIGN		Date 10 26	100
10. Name	es and Street Addresses of Managing Mem		1 3/6/7			
Titles	Name of Managing Members/Manage		Street Address of Each Managing Member/Mana		City / Stat	te / Zip
mar	DAMIAN KAREH		09 PAMBLING VIN		THIMOH, F	c 33624
mcl	a	KINS 1630	9 RAMBULL VIN	x Da.W.	THUMOA, F	1 37624
MOR	EDWARD G. KAR		LETWE PL.#	· · · · · · · · · · · · · · · · · · ·	DUNEOIN	FZ 34698
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fling thi all∫fees	y that I am managing member/manager or nis reinstatement application the reason for o s owed by the limited liability company have lade under oath.	dissolution has been elimin	nated, the limited liability compa on indicated on this application i	pany name satisfies is true and accurate	s the requirements of section 6 te, and my signature shall have	608.406, F.S., and that e the same legal effect
Signature of Managing M	f Member/Manager		Date	1 /26 /cv DE	aytime Phone# (813)	164-2528
Typed or prir	inted name of signing Managing Member/N	vlanagerDA	IMIAN KA	Reit	•	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTI Katherine Secretary DIVISION OF COR	e Harris of State		FILED	Λ
DOCUMENT # L9 1. Limited Liability Company's Name DIEILIA This	9-8763 extments,	۷.۷.	00 S T/	DEC 29 AN 11:01 PRICE PARTIES ALLAHASSEE, FLORIDA	f
			REINS		2000
2. Principal Office Address	3. Mailing Office Address				· · · · · · · · · · · · · · · · · · ·
4932 Gall Blvd.	same		4. State/Country of	Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Date Organized		
City & State	City & State		To Do Business	Dec. 11	·
Zephyrhills	A. 33	<i>541</i>	6. FEI Number 21	A003/	plied For t Applicable
33511 Country U.5	Zíp	Country	7. CERTIFICATE OF S	G300 0000	
, 35	8. Name and Add	ress of Current Registere	ad Agent	- Car Constanting	
Name	<u> </u>	·		,	
Street Address (P.O. Box Number is No	t Acceptable)_				╢
Suite, Apt. #, Etc.	all Blvd.	-			
City	-	_	Sta	ite Zip Code	<u>"</u> 1
Zephyrhill	5		F		<u> </u>
9. I, being appointed the registered agent of the above	e named limited liability comp	any, am familiar with and a	eccept the obligations o	of Chapter 608, F.S.	ļ
Signature of Registered Agent REG	STERED AGENT MUST SI	GN	D	ate more	
10. Names and Street Addresses of Managing Mem	pers/Managers				
Titles Name of Managing Members Manager	rs	Street Address of Each Managing Member/Manag	ger .	City / State / Zip	
& members Ball	ev/ 737	2 Palms	RD. F	air Haven Mi	18623
J.P. newber Dennis Bal	14932	s Gall Bl	vO- 2	rdwrhills fl. 3:	354/
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11. I certify that I am managing member/manager or	the receiver or trustee empoy	vered to execute this postion	estion as provided for i	n chapter 600 E.S. Liumber agains the	at when
filing this reinstatement application the reason for call fees owed by the limited liability company have as if made under oath.	iissolution nas been eliminatei	d. the limited liability compa	inv name satisfies the r	equirements of section 608.406. F.S	and that II
Signature of Managing Member/Manager	Buch	Nata 17 -	7 Or CO Doubling	e Phone# %12-77 9 -8	X00

T	OL HEAD A	LL INSTRUC	TIONS BEFORE	RE COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY		FLORIDA DEPAI	RTMENT OF STAT	TE 00 DEC 29 PM 2: 14
REINSTATEMENT		Kather Secreta	Ine Harris Iry of State	SECRETARY OF STATE
DOCUMENT # L	9706		CORPORATIONS	TÄLLAHASSEE. FLORIDA
T. Limited Erability Company's Nam	ne			
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1 /	FL 336	• 7	·	400003554584- -01/19/010100701
513 Fleming	St	Mailing Calus Aipey SIB.	914	****150.00 ****150
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Cit & State Key West		ity & State Key Wes	τ	6. FSI Number Applie
33040 Mon	NOU 3	· · · · · · · · · · · · · · · · · · ·	Monroe	7. CEPTIFICATE OF STATUS DESIRED S5.00 Additional Fee for a Certificate of
Street Address (P.O. Bo Sorte, Apt. #, Etc. City 1. It being appointed the registered a liquiditing of legistered Agent	ox Mimber is Not Ac	in W	thethed	State Zip Code FL 330 40 Induction the obligations of Chapter 608, F.S. Attached
Names and Street Addresses of	Managing Moretaus	Managara		
Managing Me	ambers Managers		Street Address of Ele Managny, Member Mar	mager City / State / Zip
1	r. Dwl	th 302	3 N. Clerk	St #797 Chicago Ic 6065
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1. I county road s am managing mem bloog size consequences apolitication of feets owned by the treation liaming	i die reason for diese	culture last palen distric	ded in a stringer featurity con-	transation as provided for in chapter 608, F.S. I further certify that variety makes succeeding 609,406, F.S. are not as that and accurate, and my signature shall have the same legicle.
Tail couldy that sam managing mem	i die reason for diese	culture last palen distric	ded in a stringer featurity con-	ompony name substites the requirements of section 609,406, F.S., ne

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608 , Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The r	name	of t	the cor	poration	is:	Hue	so Grande	Trac	ling Co.	L.C.	
			at .		· · · · · · · · · · · · · · · · · · ·					,	- <u>-</u>	
2.	The :	name	and	street	t address	o£	the	registe	ered	agent	and	office
is:	Wayne	e Krue	ere									
	600 1	Whitel	nead	Street			· .	<u>-</u>				
	Key V	West.	_FL 3	3040								

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIA	BILITY A		RTMENT OF STATE		• ·			
COMPAN	IY I		ne Harris ry of State		0			
REINSTATE	WENT		CORPORATIONS		FILED	7		
DOCUMEN'	Τ#	196-5	537	00	DEC 29 AN 10:49			
1. Limited Liability Con	· -	<u> </u>		SECR	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	Digital Mapping	-						
•	geline Road, Sui	te loi		ENERGY SE	TATEMEN			
Theodore,	AL 36582			MELINGO	Ballen	_		
2. Principal Office Add	ress	3. Mailing Office Addre	ess					
	geline Road	5821 Rangel	line Road	4. State/Coun	try of Formation			
Suite, Apt. #, etc. — Suite 101		Suite, Apt. #, etc.		5. Date Organ	ized or Qualified			
City & State		Suite IDI City & State			ness in Florida			
Theodore	AL	' '	AL	6. FEI Numbe		Applied For		
Zip Country		Zip	Country	7.	1-11 79973	Not Applicable Not Applicable O Additional Geographed		
36582	ЯSA	36582	บSA	CERTIFICATE	OF STATUS DESIRED 🔀			
		8. Name and	Address of Current Registe	red Agent				
Name	Candace L. 1	helps		20	00003554i -01/18/0101	ggs#-6		
Street Ad	dress (P.O. Box Number is No		inue Sw	(4e 3-0		1974009 ****15 0. 08		
Suite, Ap		Zna Av	Jule 2 00	<u> </u>				
	Swith_3-	<u> </u>	<u></u>					
City	Gainesvi	ule			State Zip Code FL 3ユ 60	7		
9. I, being appointed the	ne registered agent of the above	ve named limited liability co	ompany, am familiar with and	accept the obligati				
Signature of	Exalus ?	Phula_			Date 12/28/6	o c		
Registered Agent	RE	GISTERED AGENT MUS	T SIGN		Date			
10. Names and Street	Addresses of Managing Men	nbers/Managers	÷		4			
Titles	Name of Managing Members/Manage	ers	Street Address of Eac Managing Member/Man	ager	City / State	e / Zip		
Mr. WIL	L PAGE	582	i Rangeline	Rd. 101	thusdore	AL 3658		
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filing this reinstatem	nent application the reason for a limited liability company have	dissolution has been elimin	nated, the limited liability com	pany name satisfies	d for in chapter 608, F.S. I furt to the requirements of section 60 te, and my signature shall have	08.406, F.S., and that		
Signature of Managing Member/Man	ager <u>Www. Pa</u>	ye	Date 134	18100 D	aytime Phone#(334)	443-6979		
Typed or printed name a	f signing Managing Member/I	Managar INILL	. PAGE))		

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	м97000000390
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1. Limited Liability Company's Name

Hobson LLC

2. Principal Office Address

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		1						
642 Lincoln Street			642 Lincoln Street		4: State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Nevada/USA				
					5. Date Organized or Qualified To Do Business in Florida			
City & State			City & State		Ju	<u>ly 1, 19</u>		
Eugene, Oregon		regon	Eugene, Or	eaon	6. FEI Number		Applied For	
			ļ <u> </u>		88-0368263		Not Applicable	
Zip	_	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED [nal Recognited	
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8. Name and Address of Current R				Address of Current Regi	stered Agent			
1	Name		-		5000025540254_6			
Ĺ	Der	nis Bayer						
	Street Addi	ess (P.O. Box Number is No	t Acceptable)					
	306	South Oceansho	ore Blvd.					
∦ s	Suite, Apt. #, Etc.							
					<u> </u>	}		
	City 		-		State Zip Code			
	Flagler Beach FL 32136							
9. I being ann	nointed the	registered agent of the abov	e named limited liability or	omnany am familiar with a	and accept the obligations of Chapter 608, E.S.			

Signature of Registered Agent REGISTERED AGENT MUST SIGN

3. Mailing Office Address

Date 2/02/01

10. Names and Street Addresses of Managing Members/Managers

4								
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip					
MGR	Richard J. Segal	23649 Long Valley Road	Hidden Hills, CA 91302					
MOL	Lawrence F. Cooley	642 Lincoln Street	Eugene, OR 97401					
•								

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 filling 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 Mariaging Member/Manager

Daytime Phone #_541-686-2231

Typed or printed name of signing Managing Member/Manager _

Lawrence F. Cooley

EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY **Katherine Harris COMPANY** FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 00 DEC 29 AM 10: 12 DOCUMENT # M98-1535 SECRETARY OF STATE 1. Limited Liability Company's Name TALLAHASSEE, FLORIDA SMITH AND PADICAN, CPA, LCC RENSTATENENT. 2. Principal Office Address 3. Mailing Office Address 780 JOHNSON FEARY RUAD SIME 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. G-EONGIA SUITE GOL 5. Date Organized or Qualified City & State Applied For Not Applicable Country S500 Additional Represulted CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent TIMOTHY P RADICAL Street Address (P.O. Box Number is Not Acceptable) 900003554029 -01/18/01--01074--gj ****150.00*****15**0**.00 Suite, Apt. #, Etc Zip Code State 34228 the above named limit is liability company, am familiar with and accept the obligations of Chapter 608, F.S. 9. I, being appointed the registered grent Date 12/26/a Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip 780 JOHNSON FERRY KUAN 2018

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 _ ____ Date / 1/26/00

16/00 Daytime Phone # 770-374-360/

Typed or printed name of signing Managing Member/Manager

IMOTHY PRADIGAL

PLEASE READ	ALL INS	TRUCTIONS BEI	FORE COMPLET	TING THIS FORI	М.
LIMITED LIABILITY COMPANY REINSTATEMENT		A DEPARTMENT OF Katherine Harris Secretary of State VISION OF CORPORATIONS		FILED	
DOCUMENT # LOC 1. Limited Liability Company's Name Nation	OO SI TA	DEC 29 AM 10: ECRETARY OF STAT LLAHASSEE, FLOR	f		
2. Principal Office Address	3. Mailing	Office Address	FEINS	TATEMEN	2000
14055 Sw 142 AVE.	Suite, Apt. #	. <u>60% 43016</u> 1, etc.	5. Date Orga	anized or Qualified siness in Florida 2	orida.
City & State Miami FI. Zip Country	City & State	mi FL.	6. FEI Numb	<u> </u>	Applied For Not Applicable
33143 USA.	332:	43 USP	7. CERTIFICAT	E OF STATUS DESIRED	300 Additional Geographic for a Cartificate of Status
Name GERALD Street Address (P.O. Box Number is No. 1930 Tyle Suite, Apt. #, Etc. City HOlly woo	S. It Acceptable) Ex _ 5.Ti	Name and Address of Curre Duty reat		State Zip Code FL 3302	46325 -01074012)_****150.00
9. I, being appointed the registered agent of the above Signature of Registered Agent Registered Agent	e named limite	ed liability company, am famili Duby GENT MUST SIGN	ar with and accept the obliga		15-00
10. Names and Street Addresses of Managing Mem	bers/Managers	s			
Titles Name of Managing Members/Manager	rs		ress of Each mber/Manager	City / S	tate / Zip
Managin Howards Valor	ůa	7601 600	621 (mit	Mianai +	1 22143

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 filling 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/Manage

Date 12 - 18 60 Daytime Phone # (305) 807 - 0119

PLEASE READ	ALL INSTRUC	HONS BEFORE	COMPLETING	THIS FORM.	•	
LIMITED LIABILITY COMPANY REINSTATEMENT	Kather Secreta	RTMENT OF STATE rine Harris ary of State corporations	FILE	ED ANIO:11	0	•
DOCUMENT # L 9800 1. Limited Liability Company's Name Simmons Marine			SECRETARY TALLAHASSE		7	0
2. Principal Office Address	3. Mailing Office Add	ress	0		and the same of the same of	= □
Suite, Apt. #, etc.	Suite, Apt. #, etc.		State/Country of F Date Organized or To Do Business in	<u>U.S.A.</u>	4- 98	
City & State Melb FL	City & State		6. FEI Number		Applied For	
Zip Country 32904 U.S.A.	Zip	Country	5 9 - 35 7. CERTIFICATE OF ST.	46680 ATUS DESIRED □	Not Applicab Not Applicab O Additional Geograph ora Caddification Status	1000
7	8. Name and	Address of Current Register	red Agent			
Name DANIEL Street Address (P.O. Box Number is N 2290 Mico	E Simm Hot Acceptable) Chigan St	015	200	003554 -01/18/01(-****150.00-	72 - 9 1074-013 -****150.00	İ
city Melb			State		,4	
9. I, being appointed the registered agent of the abo	ove named limited liability	company, am familiar with and	accept the obligations of	Chapter 608, F.S.	,	(00/6) (00/6)
Signature of Registered Agent Lanel E	Semmer Mus	ST SIGN	Da	ate 12-28	3-00	CR2E041 (9/00
10. Names and Street Addresses of Managing Med	mbers/Managers					
Titles Name of Managing Members/Manag	pers	Street Address of Each Managing Member/Mana		City / Sta	te / Zip	
MCRM OANIEL SIMM	nons 22°	90 Michiga.	nst Ma	elb, FL	32904	
					Ta .	
1						
· :				· # - #		
11. I certify that I am managing member/manager of filling this reinstatement application the reason for all fees owed by the limited liability company have as f made under oath. Signature of Managing Member/Manager	r dissolution has been elim	inated, the limited liability comp on indicated on this application	any name satisfies the re	equirements of section of my signature shall have	608.406, F.S., and that ve the same legal effect	

Simmons

Daniel

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

Suite, Apt. #, etc.

1918 ROWENA AVENUE

9. 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.

REGISTERED AGENT MUST SIGN

DOC	JMENT	# L9900	0006136
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1. Limited Liability Company's Name

2. Principal Office Address

Suite, Apt. #, etc.

Signature of Registered Agent

WPV RESTAURANT, LLC

1918 ROWENA AVENUE

00 DEC 29 AN 18: 1 ŠECRETARY OF STATE TALLAHASSEE, FLORIDA

00/28/1000

reins	TAT		1
0 0000000000	3000	224000	 Martin M 1/47

4T State/Country of Formation FLORIDA

5. Date Organized or Qualified

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	all	(1 X V)
•	Martin Martin	

]		10 DO Business in Florida 07	, 20, 1000
ORLANDO, FL Zip Country 32803 US		City & State ORLANDO,	FL	6. FEI Number Appl 59-360117 Not.		
		Zip 32803	Country US	CERTIFICATE OF STATUS DESIRED (\$5:00: Additional for a Certificate		
			8. Name a	nd Address of Current I	Registered Agent	
	Name KOVA	R, ERIC F.				
	7	ddress (P.O. Box Numb ROWENA AVEN	• •	Ť	5000035 5 -01/18/01	541751-9 01074014 00 ****13 0.00
ι΄	Suite, Ap	ot. #, Étc.		,	****130.	00 ****IJU.UU
	City		t t to the form	****	State Zip Code	
	ORLA	NDO			FL ₃₂₈₀₃	

6/6)
E041
CR2

10. Name	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	WPV BARCO, INC.	1918 ROWENA AVENUE	ORLANDO, FL 32803					
.		,	1					
		And the second s	in the state of th					

Learlify 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 filling 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 WPV BAKCO, INC, Managing Member

Signature	of	D
Managing	o. Member/N	Manadèr •

Typed or printed name of signing Managing Member/Manager

Eric'F. Kovar, President

Date 12/31/00 Daytime Phone# (407) 691-4653

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 4	48	000000500
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1. Limited Liability Company's Name

Signature of

Managing Member/Manager

Typed or printed name of signing Managing Mer

FTA INTERNATIONAL INVESTMETS L'ALLAHASSEE, FLORIDA



00 DEC 29 AM 10 11



Daytime Phone # <u>40-) - 222_0404</u>

}			PERM.	STATEME	質 2	M
2. Principal Office Address	3. Mailing Office Addre		೨೮೮೨೨೩೮	3 2. 30 8-0 (200.836)(200.8		
3808 HUNTERS	P.O. Bo	x 77/630	4. State/Count	ry of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FC	Tally and reflection of the contraction of the cont		Market de la company .
BLE DRIVE			5. Date Organi To Do Busin	zed or Qualified less in Florida 199	78	
OKLANDO FL	OR LAND	o FL	6. FEI Number		Appl	ied For
Zip 32837 Country USA	zip 32877-1630	Country US4	7.	OF STATUS DESIDED []	M Additional F by a Cartificate	 (Solution ed
	8. Name and	Address of Current Register	red Agent			
Name 300	FTA WITE	C NATIONAL	INVEST,	NENTS L.C	,	
Street Address (P.O. Box Number is N	Not Acceptable) 380	B HUNTERS	ISCE	DRIVE		
Suite, Apt. #, Etc.	OR C	ANDO	70	0003554 -01/18/010	10740	-3 5
City ORLANDS				State***********************************	-****150 - <i>5809</i>	.00
9. I, being appointed the registered agent of the jbo	ove named limited liability co	mpany, am familiar with and	accept the obligation	ons of Chapter 608, F.S.		
Signature of Registered Agent	FRED AGENT MUST	SIGN		Date 12-30	- dsa	<u> </u>
10. Names and Street Addresses of Managing Mer	mbers/Managers		·			
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Mana		City / Stat	te / Zip	
MEN ISMAIL F. TOI	CATCI 3	808 HUNTERS	3 BG		·	
	_	CIVE ORLAND		ORLANDO	FL 32	837
man						
10 APPAN S. TO	KATU 3	BOB HUNTE	as 1sce			
		DRIVE		ORLANDO	FL 32	83)
11. I cettify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.	' dissolution has been elimin	ated, the limited liability compa	any name satisfies t	the requirements of section 6	08 406 FS a	nd that

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **LIMITED LIABILITY** Katherine:Harris **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DEC 29 AM 10: 49 DOCUMENT # SECRETARY OF STATE 1. Limited Liability Company's Name TALLAHASSEE, FLORIDA Fibercore Industries LLC 2. Principal Office Address 3. Mailing Office Address Bex 1037 4. State/Country of Formation Suite, Apt. #, etc Date Organized or Qualified To Do Business in Florida City & State City & State 6. FEI Number. Not Applicable \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Zip Code State City the above named limiter liadility company, am familiar with and accept the obligations of Chapter 608, F.S. I, being appointed the registe Date 03 Jan 00 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 Member/Manager Titles City / State / Zip Res Sea Grass Ln Naples F 5845 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 nave been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect ly have been paid. The inform all fees owed by the limited liability compa as if made under oath. an 00 Daytime Phone # 94.430.6060 Signature of

Managing Member/Manager

TPLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

****		T EGAOL TIEAD	ALL INSTITUTE	TONS BLI ONL C	OWITETING THIS FUNIVI.
C	ED LIAE OMPAN ISTATEN	IY I	Katheri Secreta	TMENT OF STATE ne Harris ry of State corporations	FILED OO DEC 29 AM 10: 57
		pany's Name	-495		SECRETARY OF STATE TALLAHASSEE: FLORIDA
	Int	ermyps Syste	ms Lc		REMSTATEMENT 200
	l Office Addre	ess 11 Ave	3. Mailing Office Addre		
		II AVE		TI AVE	4. State/Country of Formation
Suite, Apt. #			Suite, Apt. #, etc.		Florida - Dade
	1220		1220	4° °	5. Date Organized or Qualified To Do Business in Fforida 06/27/95
City & State		~	City & State		6. FEI Number Applied For
Mia	ami, F	1	Miami, F1		65-0590336 Not Applicable
Zip 3313	31	Country USA	Zip 33131	Country USA	7. CERTIFICATE OF STATUS DESIRED COOR CONTINUE (CORRECTED COOR CONTINUE
			8. Name and A	ddress of Current Register	ed Agent
	Name				
ł		ro Pablo Pir			
		Iress (P.O. Box Number is N		4 .	7000035541872 -01/18/0101074017
ł	848 Suite, Apt.	_Bricke11_Av- #.Etc.	e_Suite_1220	212	
	122			The Committee with the same of the	
	City Mia	mi			State Zip Code FL 33131
9. I, being a	appointed the	registered agent of the abo	ve named limit/d flability co	mpany, am familiar with and a	accept the obligations of Chapter 608, F.S.
Signature of			$\rightarrow \ell$	-	
Registered A					
		THE STATE OF THE S	GISTERED AGENT MUST	SIGN	
10. Names	s and Street	Addresses of Managing Men	nbers/Managers		
Titles		Name of Managing Members/Manage		Street Address of Each Managing Member/Manag	ger City / State / Zip
Pre	Alfio	Lanzafame	848	Brickell Ave Suite 1220	Miami, F1 33131
Vic Prēs	Aitor	De Rotaeche		Brickell Ave Suite 1220	Miami, F1 33131
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<u>.</u> }					
T'		<u> </u>	<u> </u>		
11. I certify filing this	that I am ma s reinstateme	anaging member/manager or ent application the reason for	the receiver or trustee emp	powered to execute this applicated, the limited liability compa	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608.406, F.S., and that
all fees	owed by the I	limited liability company have	bode paid. The information	indicated on this application is	s true and accurate, and my signature shall have the same legal effect
മാ (1118	ade under oa		1(, 1		

Date 12-18-00 Daytime Phone # (305) 374-4443

Signature of Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		LEASE REAL	ALL INSTRUC	HONS BEFORE	COMPLETIN	IG THIS FORM.	•
С	ED LIABII OMPANY ISTATEME		Kather Secreta	RTMENT OF STATE ine Harris ry of State corporations	00	FILED DEC 29 AM 10:	12
DOCUMENT # L99-7455 1. Limited Liability Company's Name ADELPHIA CAPITAL MANAGEMENT, LLC.					CRETARY OF STAT LAHASSEE, FLORI		
AOE	LPHIA	CAPITAL	. Марасеме	, LLC.		Statene	
2. Principal	l Office Address	T. 112L	3. Mailing Office Addre	ess	1		hama que de de la companya de la com
4792.7	WEST COM	MERCIAL BLUC	1. 4792- WEST CO	MMERCIAL BLUD	4. State/Country	of Formation	
Suite, Apt. #		100000	Suite, Apt. #, etc.	THEROMAL INC.	i `	ARE USA	,
					E Data Organiza	ad or Qualified	
City & State			City & State			ss in Florida MOUCHBE	
T. LAUD	FRPALE	FLORIDA	FI. LAUDERDAN	F. FLORIDA	6. FEI Number 65-0962	779	Applied For Not Applicable
Zip		ountry ,	Zip	Country	7	//	- Ann. of
33319		USA	33319	· USA ·	CERTIFICATE O	F STATUS DESIRED SOM	O Additional Feorequied Pa Certificate of Status
			8. Name and	Address of Current Registe	red Agent		
ļ	Name			78 1) i			-1
ļ		S (P.O. Box Number is	LELLOS.				
}			COMMERCIA	L RLYD.	UUI	0003554 -01/18/0101	1904-3
	Suite, Apt. #,				· · · · · · · · · · · · · · · · · · ·	****155.00	****15\$.00
	City				`	0	
		LAUDERDA	NE. F			State Zip Code FL 33319	į
9. I. being a				ompeny, am familiar with and	accept the obligation		
Signature of Registered A	. (<u>) ~ (</u>	REGISTERED AGENT MUS	<u>l</u>		Date DEC 26	, 2000.
10. Names	s and Street Add	Iresses of Managing M	embers/Managers				
Titles	Ma	Name of naging Members/Mana	gers	Street Address of Each Managing Member/Mana		City / State	e / Zip
MANACER	ANACER DIMITRIOS LELLOS. 4792. WEST COMMERCIAL BLUD. FILANDERDALE, FL 33319.						
· · · · · · ·		and the second s					
all fees as if ma	s reinstatement	application the reason t	or dissolution has been elimir	powered to execute this applinated, the limited liability componindicated on this application	any name satisfies the is true and accurate,	le requirements of section Ri	08.406, F.S., and that the same legal effect

Typed or printed name of signing Managing Member/Manager ____DIMITRIOS LELLOS.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
LIMITED LIABILITY COMPANY REINSTATEMENT	FILED 00 DEC 29 AM 10: 12 /)				
DOCUMENT # M9700 1. Limited Liability Company's Name LBJ Realty Holding	00000142	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
LBA Kealty Holding	75,4C	mira 1967 2-200°			
2. Principal Office Address	3. Mailing Office Address	Partition			
148 S. Westgate Ave	148 S. Westsate Ac. Suite, Apt. #, etc.	4. State/Country of Formation Calfornia USA 5. Date Organized or Qualified			
Los Ancelos, CA	City & State Ancels CA	To Do Business in Florida 1997 6: FEt Number			
90049 USA	70049 Country USA	7. CERTIFICATE OF STATUS DESIRED COTO CONTINUE OF STATUS DESIRED CONTINUE OF STATUS DE			
Name O	8. Name and Address of Current Register	ed Agent			
Name Robert Kraly Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Name Robert Kraly 200003554192-7 -01/18/0101074-019 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7					
City Opa Locka		State Zin Code FL 33054			
Signature of Registered Agent Robert					
10. Names and Street Addresses of Managing Men	nbers/Managers				
Titles Name of Managing Members/Manage	Street Address of Each Managing Member/Managing Member/Managing				
Pros. Larry Blins	Los Angeles, CA	90049 Los Angeles, CA 90049			
U.P. Julie Blivas	1485. Westgan	Ave. Los Angelos, CA 9004			
11. Fertify 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 Follow But Date 12/1/00 Daytime Phone #310-476-6767					
Typed or printed name of signing Managing Member/Manager Larry Blivas President					

•		PLEASE REAL	D ALL INST	RUCT	TIONS BE	FORE C	OMPLET	ING THIS	FORM.			
REINSTATEMENT					RTMENT OF INC. INC. INC. INC. INC. INC. INC. INC.		FILED OD DEC 29 AM 10: 12					
1. 'Limited I	JMEN ⁻ Liability Com	T# L9800 pany's Name SYSTEMS, 1	000032	192			SEGRETA TVALLVAHAS	RY OF STA SSEE, FLOR	TE IDA	T		
4/34	G	ULF OF MEXI	ico DR.	>		` `	rein	STAT			000	
4/34 GULF OF MEXICO DR 41				3. Mailing Office Address 7/134 (JULY OF MEXICO T)R Suite, Apt. #, etc.			4. "State/Couritry of Formation FLORIDA / VSA 5. Date Organized or Qualified					
City & State LONGE		EY FL		City & State LONG BOAT KEY FL Zip Country			To Do Business in Florida 12/21/98 6. FEI Number Applied For Not Applicable					
3422	28	USA	342	28	USA		7. CERTIFICATE	OF STATUS DES	RED V SSO	Additor Certific	න දින ලෝග්ලේ ක්රම් පිනිසුවෙන්)
	8. Name and Address of Current Registered Agent Name											
Signature of Registered /	appointed th	e registered agent of the	above named limite Oiscley REGISTERED AC	SENT MUS		nitiar with and	accept the obligat		7220 508, F.S. 2/29/00	2		CR2E041 (9/00)
10. Name	mes and Street Addresses of Managing Members/Managers Name of Street Address of Ea								City / State /	Zip		
MGR	Managing Members/Managers KURT VAN OVELEN			HI34 GULF OF MEXICO DR			LONGBOI			34228		
:											·	
filing th all fees as if m	is reinstatem owed by the ade under o	anaging member/manage ent application the reasor limited liability company l ath.	for dissolution has	been elimi	inated, the limited	d liability comp nis application	eany name satisfier is true and accura	s the requiremen ate, and my signa	its of section 608 iture shall have t	i.406, F. he same	S., and that legal effect	
	lember/Man	ager	per/Manager	KURT	> VAN C	Date	1/29/00 .	Daytime Phone#	941-366	- 00	064	
					·						·	

PLEASE READ	ALL INSTRUCTIONS BEFORE (COMPLETING THIS FORM.							
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 DEC 29 AM 10: 12 _ ()							
DOCUMENT # L 980000 1. Limited Liability Company's Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA								
ACTION EXCURSIONS,	REINSTATEMENT 2000								
2. Principal Office Address 4/34/ GULF OF MEXICO DR Suite, Apt. #, etc.	3. Mailing Office Address 4/34 Golf of MEXICO DR Suite, Apt. #, etc.	-4 State/Country of Formation FLORIDA / ÚSA							
City & State LONGBOAT K-B-Y F-L	City & State LONGBOAT KEY FL Zip Country	5. Date Organized or Qualified To Do Business in Florida 6. FEI Number Applied For Not Applicable							
34228 USA	34228 USA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Ge required to a Certificate of Status							
8. Name and Address of Current Registered Agent Name: Name									
<u> </u>	GISTERED AGENT MUST SIGN								
10. Names and Street Addresses of Managing Mem Titles Name of Managing Members/Manage	Street Address of Each								
MGR KURT VAN OVELEI	V 4134 (TULF OF MEXICO	DR LONGBOAT KEY FL 34228							
,									
· ming this reinstatement application the reason for	dissolution has been eliminated, the limited liability compa been paid. The information indicated on this application i	cation as provided for in chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect							
Signature of Managing Member/Manager									
Typed or printed name of signing Managing Member/f	Manager KURT VAN OVELE	· N							