

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L00000000920
Name and Mailing Address

0014690 01 AT 0.292 **AUTO T3 3 0615 34134-197928
WENCHES, LLC
25216 PELICAN CREEK CIRCLE #103
BONITA SPRINGS FL 34134-1979



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/26/2000	
Principal Place of Business 25216 PELICAN CREEK CIRCLE #103 BONITA SPRINGS FL 34134	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	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 HAGAN, ELIZABETH 25216 PELICAN CREEK CIRCLE, #103 BONITA SPRINGS FL 34134		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 _____ **SIGNATURE REQUIRED** _____ Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAGAN, ELIZABETH	25216 PELICAN CREEK CIRCLE #103	BONITA SPRINGS FL 34134

200024101838
10/27/03--01020--003 **150.00

REINSTATEMENT 03/03
Jee

12. 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 Elizabeth Hagan Date 10/20/03 Daytime Phone # 239-947-8085
Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)