

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 2002 OCT 23 AM 11:46
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000889
 Name and Mailing Address

0005381 01 FP 0.352 **PRSR T6 0 0615 33778-320422
 EASTERN FLEET REMARKETING, LLC
 11522 SEMINOLE BLVD.
 LARGO FL 33778-3204

400008544774
 10/23/02--01046--006 ** 50.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/18/2001	
Principal Place of Business 11522 SEMINOLE BLVD. LARGO FL 33778	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52 233 8086	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 MCGRATH, KEVIN M 11522 SEMINOLE BLVD. LARGO FL 33778	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]* Date: 10-22-02
 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	KMM MANAGEMENT, INC.	11522 SEMINOLE BLVD.	LARGO FL 33778

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: *[Signature]* Date: 10-22-02 Daytime Phone #: 924-319-0943
 Typed or printed name of signing Managing Member/Manager: KRISA MCGRATH

CR2E084 (8/02)

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Eastern Fleet Remarketing, LLC
11522 Seminole Boulevard
Largo, FL 33778

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

October 22, 2002

Dear Sir/Madam:

We have recently received notice that this corporation has been administratively dissolved for failure to file the Uniform Business Report. We have no record of receiving prior notices to file said report.

Enclosed please find completed application for reinstatement and a check for \$150.00

We respectfully request abatement of any penalties that may have accrued.

Sincerely,



President