

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

948  
 FILED

1. DOCUMENT # L01000000948

03 JAN 24 AM 10:10

Name and Mailing Address

SECRETARY OF STATE  
 4000 UNIVERSITY BLVD  
 TALLAHASSEE, FLORIDA  
 01/03/03--01029--001 \*\*150.00

0011690 01 SP 0.370 \*\*SGLP 0615 34292

QUICK PRINT OF VENICE, L.L.C.  
 216 U.S. HIGHWAY 41 BY PASS SOUTH  
 VENICE FL 34292



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 216 U.S. HIGHWAY 41 BY PASS SOUTH VENICE FL 34292-2743		5. Date Organized or Qualified To Do Business in Florida 01/15/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1072601	Applied For Not Applicable
8. Name and Address of Current Registered Agent GOOD, FOSTER E 216 U.S. HIGHWAY 41 BY PASS SOUTH VENICE FL 34292-2743		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

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: Foster E. Good Date: 1/16/03  
 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
OWNED MGR	Foster E. Good	216 US HIGHWAY 41 BY-PASS S.	Venice FL 34292-2743
			400009804964 01/03/03--01029--002 **5.00
			400009804964 01/21/03--01057--002 **50.00
			REINSTATEMENT 02-03

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: Foster E. Good Date: 1/16/03 Daytime Phone #: 941-485-6100

CR2E084 (8/02)