

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000003148

APPROVED
AND
FILED

03 FEB -6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003148
Name and Mailing Address

0011067 01 FP 0.352 **PRSR H3 0 0615 33957-430113
SANIBEL LOGIC LLC
1713 PERIWINKLE WAY, PMB 306
SANIBEL FL 33957-4301

REINSTATEMENT 2002-2003
[Barcode]

2. New Mailing Address SAME AS ABOVE		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/01/2001	
Principal Place of Business 446 SURFSOUND COURT SANIBEL FL 33957	3. New Principal Place of Business Address SAME	6. FEI Number 651090672	Applied For Not Applicable
City, State, Zip		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 LIPPARD, PHILIP G 446 SURFSOUND COURT SANIBEL FL 33957		9. Name and Address of New Registered Agent SAME	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		State	
City		Zip Code	

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: **30-DEC-2002**

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
OWNER	PHILIP LIPPARD	1713 PERIWINKLE WAY #306 (MAILING)	SANIBEL, FLORIDA 33957
		446 SURFSOUND CT. (STREET)	SANIBEL FLORIDA 33957
			800009788278 01/02/03--01069--003 **150.00
			800009788278 02/06/03--01022--020 **50.00

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: **30-DEC-2002** Telephone # **239-470-4020**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)