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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — DIVISION OF CORPORATIONS

L01000010480

FILED
02 NOV 13 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA
300008946493
11/13/02--01008--005 **150.00

1. DOCUMENT # L01000010480

Name and Mailing Address

0011119 01 FP 0.352 **PRSRT H3 0 0615 34242-275540

LESLIE BABIAK, PL
1240 OYSTER COVE
SARASOTA FL 34242-2755

2. New Mailing Address
PO Box 3319
City, State, Zip
Sarasota, FL 34230

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/27/2001

Principal Place of Business
1240 OYSTER COVE
SARASOTA FL 34242

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1115826
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

BABIAK, LESLIE
1240 OYSTER COVE
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ Date 11/11/02

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
MGRM	BABIAK, LESLIE	1240 OYSTER COVE	SARASOTA FL 34242

REINSTATEMENT

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 _____ Date 11/11/02 Daytime Phone # 941-312-9790

Typed or printed name of signing Managing Member/Manager