

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000022500

APPLICATION FOR REINSTATEMENT



Secretary of State DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 11:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022500

Name and Mailing Address

0006171 01 FP 0.352 **PRSR T9 0 0615 32601-904305



CASSISI FAMILY LLC 3105 SW 5TH COURT GAINESVILLE FL 32601-9043



US

CR2E084 (8/02)

2. New Mailing Address, 3. New Principal Place of Business Address, 4. State/Country of Formation, 5. Date Organized or Qualified To Do Business in Florida, 6. FEI Number, 7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent, 9. Name and Address of New Registered Agent

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

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of each Managing Member/Manager, City / State / Zip. Includes handwritten entries for ELAYNE E CASSISI and NICHOLAS J CASSISI.

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. Signature of Managing Member/Manager, Date, Daytime Phone