



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. **DOCUMENT #** L02000011314
 Name and Mailing Address

0010474 01 AT 0.292 **AUTO T9 0 0615 34201-227143

 FLEISCHER VENTURES, LLC
 7643 HEATHFIELD CT.
 UNIVERSITY PARK FL 34201-2271



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7643 HEATHFIELD CT. UNIVERSITY PARK FL 34201		3. New Principal Place of Business Address City, State, Zip	
5. Date Organized or Qualified To Do Business in Florida 05/06/2002		6. FEI Number 47-0866311	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent FLEISCHER, ARTHUR J 7643 HEATHFIELD CT. UNIVERSITY PARK FL 34201		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 *Arthur J. Fleischer* **REGISTERED AGENT MUST SIGN** Date Oct. 15, 2003

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	FLEISCHER, ARTHUR J	7643 HEATHFIELD CT.	UNIVERSITY PARK FL 34201

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11/10/03--01011--016 **150.00

REINSTATEMENT
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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 *Arthur J. Fleischer* **SIGNATURE REQUIRED** Date Oct. 15, 2003 Daytime Phone # 941-266-7092
 Typed or printed name of signing Managing Member/Manager ARTHUR J. FLEISCHER