


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L02000015166

Name and Mailing Address

0014444 01 AT 0.292 **AUTO T2 0 0615 34108-241280
 BANYAN ISLE CONSULTING, L.L.C.
 980 SPANISH MOSS TRAIL
 NAPLES FL 34108-2412

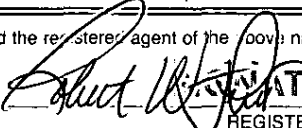


US

2. New Mailing Address 1614 CHINABERRY WAY		4. State/Country of Formation FL	
City, State, Zip NAPLES FL 34105		5. Date Organized or Qualified To Do Business in Florida 06/18/2002	
Principal Place of Business 980 SPANISH MOSS TRAIL NAPLES FL 34108 US	3. New Principal Place of Business Address 1614 CHINABERRY WAY		6. FEI Number
	City, State, Zip NAPLES, FL 34105		Applied For <input checked="" type="checkbox"/> Not Applicable
		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 FISHER, ROBERT W 980 SPANISH MOSS TRAIL NAPLES FL 34108		9. Name and Address of New Registered Agent	
		Name (SAME)	
		Street Address (P.O. Box Number is Not Acceptable) 1614 CHINABERRY WAY	
		City NAPLES	FL Zip Code 34105

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.

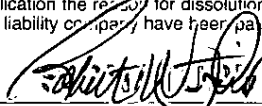
Signature of Registered Agent  **SIGNATURE REQUIRED** Date **Oct 22, 2003**

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	FISHER, ROBERT W	980 SPANISH MOSS TRAIL 1614 CHINABERRY WAY	NAPLES FL 34108 34105
			900024328559 10/31/03--01022--004 **100.00
			900024328559 10/31/03--01022--005 **50.00

REINSTATEMENT 03
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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  **SIGNATURE REQUIRED** Date **10/22/03** Daytime Phone # **239/262-7002**

Typed or printed name of signing Managing Member/Manager **ROBERT M. FISHER**

CH2E084 (7/03)