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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

L02000021467

FILED

2003 OCT 23 PM 2: 22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021467

Name and Mailing Address

0010318 01 AT 0.292 **AUTO H8 0 0615 33801-492202



OMS COBRA SERVICE, L.L.C.
202 N MASSACHUSETTS AVENUE
LAKELAND FL 33801-4922



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/20/2002	
Principal Place of Business 202 N MASSACHUSETTS AVENUE LAKELAND FL 33801	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 54-2068984 Applied For Not Applicable
8. Name and Address of Current Registered Agent SALE, GREGORY 202 N MASSACHUSETTS AVENUE LAKELAND FL 33801		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent SALE, GREGORY 202 N MASSACHUSETTS AVENUE LAKELAND FL 33801		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: *[Signature]* **SIGNATURE REGISTERED** Date: 10-20-03

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
			980024028419 10/23/03--01010--003 **150.00

REINSTATEMENT 2003

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]* **SIGNATURE REGISTERED** Daytime Phone # 863-688-1751

Typed or printed name of signing Managing Member/Manager: GREGORY SALE