

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 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000024173360
10/27/03--01122--023 **200.00

1. DOCUMENT # L02000022442

Name and Mailing Address

0013467 01 AT 0.292 **AUTO T9 0 0615 33547-586356



CPE SOLUTIONS, LLC
5956 JAEGER GLEN DRIVE
LITHIA FL 33547-5863



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/29/2002	
Principal Place of Business 5956 JAEGER GLEN DRIVE LITHIA FL 33547 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 22-3881916	Applied For Not Applicable
8. Name and Address of Current Registered Agent RIGSBY, DANIEL T 4727 PRESIDENTIAL STREET SEFFNER FL 33584		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent		Name Daniel T Rigsbey	
Street Address (P.O. Box Number is Not Acceptable) 12228 Boyette RD		City River View FL Zip Code 33569	
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 <i>[Signature]</i> SIGNATURE REQUIRED Date 10-22-03 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
Member	Derek Finger	5956 Jaeger Glen Dr.	Lithia, FL 33547
Member	Heath Guido	5006 Whispering Leaf Trail	Valrico, FL 33594
REINSTATEMENT			03 Dec

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 REQUIRED** Date 10/22/03 Daytime Phone # 813-662-3592

Typed or printed name of signing Managing Member/Manager Derek Finger

CR2E084 (7/03)