

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000022762

10/2

APPLICATION FOR REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS


FILED

1. DOCUMENT # L02000022762  
Name and Mailing Address

03 DEC -1 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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THE 714 CLUB LLC  
714 N FT. HARRISON  
CLEARWATER FL 33755-3822



2. New Mailing Address 519 Cleveland Street #205 Clearwater, FL 33755		4. State/Country of Formation FL	
Principal Place of Business 714 N FT. HARRISON CLEARWATER FL 33755		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
3. New Principal Place of Business Address Same as mailing address City, State, Zip Same		6. FEI Number 91-2189929 Applied For Not Applicable	
8. Name and Address of Current Registered Agent FRIEDMAN, MARSHA 200 DOLPHIN PT. #202 CLEARWATER FL 33767		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

9. Name and Address of New Registered Agent Name: Marsha Friedman Street Address (P.O. Box Number is Not Applicable): 519 Cleveland St #205 City: Clearwater FL Zip: 33757	
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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: Marsha Friedman **REQUIRED** Date: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Martha Conway	9 Turner St #7 Clear FL 33756	Clearwater FL 33782
			500025086335 12/01/03--01011--001 **50.00

REINSTATEMENT 2003  
12/8/03

12. I certify that I am managing member/manager 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: Martha Conway **REQUIRED** Date: 11/21/03 Daytime Phone #: 727-443-7115 x202  
Typed or printed name of signing Managing Member/Manager: Martha Conway

2082

The 714 Club, LLC  
519 Cleveland Street, #205  
Clearwater, FL 33757  
727 443 7115 x202

FILED

03 DEC -1 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 21, 2003

Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Application for Reinstatement for Document # L02000022762

Dear Sir or Madam:

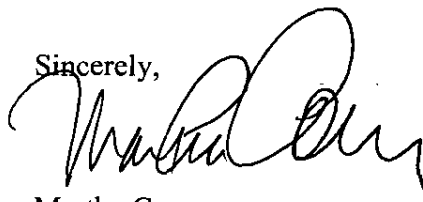
Enclosed please find a check in the amount of \$50.00 for the Annual Report Fee. Also enclosed is an application for Reinstatement for the entity known as The 714 Club LLC.

In speaking with someone in your offices and informing them of the fact that no registered agent, nor any other managing member, received any notification of intent to dissolve this entity, we were advised to note this fact in a letter accompanying this application, along with our \$50 check, and the fee for reinstatement would be waved.

You will note that appropriate address changes have been made to your records so that this does not occur again.

Thank you and please feel free to call me at the number listed above, should there be any questions.

Sincerely,



Martha Conway  
Managing Member