

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 DIVISION OF CORPORATIONS

**L02000024913**

**FILED**

1. DOCUMENT # L02000024913

03 DEC -1 PM 1:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

0001472 01 AT 0.292 \*\*AUTO T7 3 0615 32174-513200  
 M X 3, L.L.C.  
 800 STERTHAUS AVENUE STE. B  
 ORMOND BEACH FL 32174-5132



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
Principal Place of Business 800 STERTHAUS AVENUE STE. B ORMOND BEACH FL 32174	3. New Principal Place of Business Address	6. FEI Number 13-421289	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TOWNSEND, MICHAEL 800 STERTHAUS AVENUE STE. B ORMOND BEACH FL 32174		9. Name and Address of New Registered Agent Name: 303037900455 Street Address (P.O. Box Number is Not Acceptable): 01/31/03-90065-021-850.00 000024187620 10/28/03--01012--009 **105.00 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: *Michael E. Townsend* **SIGNATURE REQUIRED** Date: 10/21/03  
 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
Mgr	Michael E. Townsend	800 Sterthaus Ave Ste B	Ormond Bch, FL 32174
Mgr	Michael R. Dimayuga	800 Sterthaus Ave Ste B	Ormond Bch, FL 32174
Mgr	Mark W. LaStarza	800 Sterthaus Ave Ste B	Ormond Bch, FL 32174

**REINSTATEMENT** 2003  
 12/8/03

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: *Michael E. Townsend* Date: 10/21/03 Daytime Phone #: (386) 672-3219  
 Typed or printed name of signing Managing Member/Manager: Michael E. Townsend

CR2E084 (7/03)