

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

04 JAN -7 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030211

Name and Mailing Address

0013761 01 AT 0.292 \*\*AUTO HO 1 0615 34684-110615



LIJI, L.L.C.  
15 FRESHWATER DRIVE  
PALM HARBOR FL 34684-1106



2. New Mailing Address		4. State/Country of Formation FL	
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City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/12/2002	
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Principal Place of Business 15 FRESHWATER DRIVE PALM HARBOR FL 34684	3. New Principal Place of Business Address		6. FEI Number L02080030211		Applied For
	City, State, Zip				Not Applicable
			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		9. Name and Address of New Registered Agent	
GASSMAN, ALAN S 1245 COURTSTREET SUITE102 CLEARWATER FL 33756		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 Linda P. Wexler **REQUIRED** Date 12/29/03

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	WEXLER, LINDA P	15 FRESHWATER DRIVE	PALM HARBOR FL 34684
MGR	MEHLER, JILL	15 FRESHWATER DRIVE	PALM HARBOR FL 34684
			800026323078 01/07/04--01020--020 **205.00
<b>REINSTATEMENT</b>			03-04
			<i>[Signature]</i>

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 Linda P. Wexler **REQUIRED** Date 12/29/03 Daytime Phone # 727 734 0555

Typed or printed name of signing Managing Member/Manager Linda P. Wexler

CR2E084 (7/03)