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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 29 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000031769

Name and Mailing Address

0017196 01 FP 0.352 **PRSR T3 0 0615 34450

THOMAS & ASSOCIATES, LLC
C/O BENTLEY, 7515 E. MAGGEE COURT
INVERNESS FL 34450



US

2. New Mailing Address 555 CHARLIE SMITH SR. HWY #148		4. State/Country of Formation FL	
City, State, Zip ST. MARYS, GA 31558		5. Date Organized or Qualified To Do Business in Florida 11/26/2002	
Principal Place of Business C/O BENTLEY, 7515 E. MAGGEE COURT INVERNESS FL 34450 US	3. New Principal Place of Business Address SAME AS City, State, Zip ABOVE	6. FEI Number 242-1562623	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent LEGALZOOM MEVADA INC 111 N.E. FIRST STREET SUITE 901 MIAMI FL 33132	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300026609233 01/09/04--01062--003 **150.00 City FL Zip Code
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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 REQUIRED Date 12-28-03
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
OWNER	ANNA ST. LAURENT MGRM	555 CHARLIE SMITH SR. HWY #148	ST. MARYS, GA 31558
			300026609233 02/13/04 01017 017 **50.00
REINSTATEMENT			<u>03-04</u> <u>dec</u>

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 REQUIRED Date 12-14-03 Daytime Phone # 912-516-3433
Typed or printed name of signing Managing Member/Manager ANNA ST. LAURENT MGRM

CR2E014 (7/03)