

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

03 NOV 25 PM 12:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT OF TRADE DEPARTMENT OF STATE
George E. Joo Secretary of State
DIVISION OF CORPORATIONS

L02000031939

1. DOCUMENT # L02000031939

Name and Mailing Address

0017654 01 FP 0.352 **PRSRT T4 0 0615 33756

OLDSMAR OUTPARCEL, LLC
1253 PARTK ST
CLEARWATER FL 33756



US

2. New Mailing Address P.O. Box 4189		4. State/Country of Formation FL	
City, State, Zip Clearwater, FL 33758-4189		5. Date Organized or Qualified To Do Business in Florida 11/27/2002	
Principal Place of Business 780 ELDORADO AVE CLEARWATER FL 33767 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent PRATESI, EMIL G 1253 PARK ST CLEARWATER FL 33756		9. Name and Address of New Registered Agent Name Anthony Menna Street Address (P.O. Box Number is Not Acceptable) 780 Eldorado Ave. City Clearwater FL 33767	
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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 REGISTERED AGENT MUST SIGN Date 11/20/03

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	MENNA DEVELOPMENT & MANAGEMENT, INC	21030 US 19 N	CLEARWATER FL 33765
300025026533 11/25/03--01024--018 **150.00			
REINSTATEMENT 2003			

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 REGISTERED AGENT MUST SIGN Date 11/20/03 Daytime Phone # 727-796-0021

Typed or printed name of signing Managing Member/Manager Anthony Menna