

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 DEPARTMENT OF STATE
 FIELD OFFICE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

L02000033001

FILED

1. DOCUMENT # L02000033001

03 DEC 17 AM 9:36

Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0006158 01 AT 0.292 **AUTO T4 0 0615 33138-221269



APPIAN WAY, LLC
 C/O RALPH DESTINO, III
 10669 QUAYBRIDGE COURT
 MIAMI FL 33138-2212



2. New Mailing Address 10671 QUAYbridge Court		4. State/Country of Formation FL	
City, State, Zip Miami, FL 33138		5. Date Organized or Qualified To Do Business in Florida 12/10/2002	
Principal Place of Business C/O RALPH DESTINO, III 10669 QUAYBRIDGE COURT MIAMI FL 33138	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 72-1542566
		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 **Signature Required** Date **11/28/03**
 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
	MGRM RALPH DESTINO	10671 QUAYBRIDGE CT	Miami, FL, 33138
			800025562098 12/17/03--01062--002 **150.00
			REINSTATEMENT 2003
			M THOMAS

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 **11/11/03** Daytime Phone # **516-480-3150**
 Typed or printed name of signing Managing Member/Manager **RALPH DESTINO III**

CR2E084 (7/03)