APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 31 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000001798

Name and Mailing Address

0014695 01 AT 0.292 **AUTO T3 3 0815 34135-705778

STEVE WASHUTA, L.L.C.
24278 PRODUCTION CIRCLE
BONITA SPRINGS FL 34135-7057

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
03/30/1999

Principal Place of Business
24278 PRODUCTION CIRCLE
BONITA SPRINGS FL 33923

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-0908669
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E094 (7/03)

8. Name and Address of Current Registered Agent

CICCARONE, MICHAEL J
12800 UNIVERSITY DRIVE, SUITE 600
FT MYERS FL 33907

9. Name and Address of New Registered Agent

Name: Ciccarone, Michael J.

Street Address (P.O. Box Number is Not Acceptable): 1515 Broadway

City: Fort Myers FL Zip Code: 33901

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 _____ Date 2-29-04

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	WASHUTA, STEVE	24278 PRODUCTION CIRCLE	BONITA SPRINGS FL 33923

200029809262
03/03/04--01042--004 **200.00

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/Manage _____ Date 3/19/04 Daytime Phone # (239) 495-6660