PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # M01000002441

Name and Mailing Address

04 APR 21 AM 10: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0001802 01 AT 0.292 ••AUTO TB 0 0815 32241-364747 Inlimited Inlimi



					,			
2. New Mailing Address				State/Country of Formation SC				
City, State, Zip				Date Organized or Qualified To Do Business in Florida 10/24/2001				
737 E. CUMBERLAND COURT JACKSONVILLE FL 32259 5079		5074 ShANLAND	Principal Place of Business Address Shawland Read		6. FEI Number 57-1122668		Applied For Not Applicable	
		Jacksonville, FL			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee for a Certificate of			
ı	8. Name and Address of Current	Name and Address of New Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable)					
			City FL Zip Code					
Signature o Registered	Agent	MALE E ASSISTAN GISTERED AGENT MUST SIGN	W MORRIS	नी वर्षे देशी हैं है।	Date 4-/6			
Title(s)	Name of Managing Members/Managers	Stre	Street Address of Each Managing Member/Manager			City / State / Zip		
MGR	WRENN, C. RAY		WIGGLY BR BLBG		-CHARLESTON SO 29485-			
		1156 Bowmani	Roma, Sur	E 100-B	Mt. MEASAN	t, 3C	29464	
		2 1		100 04/21/0	0033465 401066006	401 **205	.00	
			STATI	QOOZ EMENI	-2004			
filing th all fees	y that I am managing member/manager o nis reinstatement application the reason for s owed by the limited liability company hav- lade under oath	dissolution has been eliminated, the l	limited liability com	pany name satisfi	es the requirements of se	ection 608.406	ô, F.Ś., and that	

Signature of Managing Member/Manage

May TURE REQUIRED

RED Date 4/12/04
RAN WRENT

Date 4/02/04 Daytime Phone # (843) 352-1445

Typed or printed name of cianing Managing Mamber/Manager