

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
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** Z00070

Name and Mailing Address

0011617 01 AT 0.292 **AUTO T3 0 0615 33405-323001
HATFIELD L.C.
5301 S. DIXIE HWY
WEST PALM BEACH FL 33405-3230

MJH



10/28 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5301 S. DIXIE HWY WEST PALM BEACH FL 33405		5. Date Organized or Qualified To Do Business in Florida 01/04/1989	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0091493	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent AKDENIZ, ROBIN 5301 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100924187461 10/28/03--01012--005 **155.00 City FL Zip Code	
----------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 Robin Akdeniz **SIGNATURE REQUIRED** Date OCT. 20, 2003

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	AKDENIZ, YUJEL	5301 S. DIXIE HIGHWAY	W. PALM BEACH FL 33405

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 Robin Akdeniz Date 10/20/03 Daytime Phone # 561-585-1701

Typed or printed name of signing Managing Member/Manager

CH2E084 (7/03)