**APPLICATION FOR** REINSTATEMENT

1. DOCUMENT #

Typed or printed name of signing Managing Member/Mar

Name and Mailing Address



FILED

02 OCT 28 PM 12: 45 SECRETARY DE STATE TALLEAHASSEE, ELORIDA

0007794 01 FP 0.352 \*\*PRSRT T4 0 0615 34285-200405 SANDY'S VENETIAN GARDEN, L.L.C. 305-B WEST VENICE AVENUÉ VENICE FL 34285-2004

L00000014864



| Principal Place of Business 3. New Principal Place of Business Address  3. New Principal Place of Business Address  6. FEI Number 65-1058791 Not Possible Place of Business Address 65-1058791 Not P | 2000                               | ntry of Formation               | fl fl                  | 2. New Mailing Address  City, State, Zip   |                |  |                           |  |
|--|------------------------------------|---------------------------------|------------------------|--|----------------|--|---------------------------|--|
| Principal Place of Business in Florida 12/01/2000  Principal Place of Business Address 305-B WEST VENICE AVENUE VENICE FL 34285    City, State, Zip   T.   CERTIFICATE OF STATUS DESIRED   S500 Additional for a Certificate of STATUS DESIRED   Story Additional for a Certificate of Street Address of New Registered Agent  |                                    | nized or Qualified              | <del></del>            |  |                |  |                           |  |
| 305-B WEST VENICE AVENUE VENICE FL 34285  City, State, Zip  7. CERTIFICATE OF STATUS DESIRED To a Certificate  8. Name and Address of Current Registered Agent  Name KOSTETSKY, SANDRA C 165 INLET BLVD. NOKOMIS FL 34275  10/28/0201041001 ***155.00  City FL Zip Code  10. I, being appointed five registered agent of the above named limited liability company, arm familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. Names and Street Address of Each Managing Member/Manager  Name of Managing Member/Manager  Name of Managing Member/Manager  Name of Managing Member/Manager  Nokomis FL 34275  Nokomis FL 34275  | 2000                               |                                 |                        |  |                |  |                           |  |
| VENICE FL 34285  City, State, Zip  7. CERTIFICATE OF STATUS DESIRED  S5.00 Additional for a Certificate  8. Name and Address of Current Registered Agent  Name  KOSTETSKY, SANDRA C 165 INLET BLVD. NOKOMIS FL 34275  TO/28/0201041001 ***155.00  City  FL Zip Code  10. I, being appointed five 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  Name of Managing Member/Manager  Title(s)  Name of Managing Member/Manager  Name of Managing Members/Manager  Name of Managing Members/Manager  Name of Managing Members/Manager  Name of Managing Members/Manager  Nokomis FL 34275  Nokomis FL 34275  | Applied For                        |                                 |                        | 3. New Principal Place of Business Address |                | Place of Business                        | Principal Pl              |  |
| 8. Name and Address of Current Registered Agent  Name  KOSTETSKY, SANDRA C  165 INLET BLVD.  NOKOMIS FL 34275  TO 28. Vive and Address of New Registered Agent  Street Address (PO. Box Number is Not Acceptable)  TO 28. Vive and Address of New Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  TO 28. Vive and Address of New Registered Agent  Name  Street Address (PO. Box Number is Not Acceptable)  To 29. Vive and Address of Street Address of New Registered Agent  To 29. Note and Address of Company and Familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  11. Names and Street Addresses of Each Managing Member/Manager  Title(s)  Name of Managing Member/Manager  Name of Managing Member/Manager  Note Address of Each Managing Member/Manager  | Not Applicable                     |                                 |                        |  |                |  |                           |  |
| KOSTETSKY, SANDRA C 165 INLET BLVD. NOKOMIS FL 34275  10/28/0201041001 **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 Registered Agent Addresses of Each Managing Member/Manager  11. Names and Street Addresses of Each Managing Member/Manager  Title(s) Name of Managing Member/Managers Street Address of Each Managing Member/Manager City / State / Zip  RESISTERED AGENT MUST SIGN  Nokomis FL 34275   | nal Fee required<br>cate of Status |                                 |                        | City, State, Zip                           |                | VENICE FL 34285                          | VE                        |  |
| KOSTETSKY, SANDRA C 165 INLET BLVD. NOKOMIS FL 34275  Street Address (P.O. Box Number is Not Acceptable) 7000000000000000000000000000000000000   |                                    | Address of New Registered Agent | 9. Name and            | gent                                       | Registered Age | 8. Name and Address of Current           |                           |  |
| Street Address (P.O. Box Number is Not Acceptable)  10/28/0201041001 **155.00  City FL Zip Code  10. I, being appointed the registered agent of the above named limited liability combany, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Registered Addresses of Each Managing Member/Manager  11. Names and Street Addresses of Each Managing Member/Manager  Name of Managing Member/Manager City / State / Zip  RESTETSKY, SANDRA C 185 INLETS BLVD NOKOMIS FL 34275  |                                    |                                 |                        | Name                                       |                |  |                           |  |
| NOKOMIS FL 34275  ***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  REGISTERED AGENT MUST SIGN  11. Names and Street Addresses of Each Managing Member/Manager  Title(s)  Name of Managing Members/Managers  Name of Managing Members/Managers  Nokomis FL 34275  Nokomis FL 34275   |                                    | is Not Acceptable)              | ddress (P.O. Box Numbe | Street Address                             |                |  |                           |  |
| 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  REGISTERED AGENT MUST SIGN  11. Names and Street Addresses of Each Managing Member/Manager  Title(s)  Name of Managing Members/Managers  Name of Managing Members/Managers  Nokomis FL 34275  Nokomis FL 34275   |                                    | <u> </u>                        |                        |  |                |  |                           |  |
| 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 10 2 4 5 10 12  | 00                                 | /201041001 **155.00             | 10/28/                 |  |                |  |                           |  |
| Signature of Registered Agent Agent Agent Agent Agent MUST SIGN  11. Names and Street Addresses of Each Managing Member/Manager  Title(s) Name of Managing Members/Managers Street Address of Each Members/Managers Managing Members/Manager City / State / Zip  P KOSTETSKY, SANDRA C 185 INLETS BLVD NOKOMIS FL 34275  | ode                                | FL Zip Code                     |                        | City                                       |                |  |                           |  |
| Title(s)  Name of Managing Members Managers  Name of Managing Members Manager  Nokomis FL 34275  Nokomis FL 34275  |                                    | Date 10/29/02                   |                        | BENT MUST SIGN                             | EGISTERED AG   | of Agent Agent RE                        | Signature o<br>Registered |  |
| Members/Managers Managing Member/Manager City / State / Zip  P KOSTETSKY, SANDRA C 185 INLETS BLVD NOKOMIS FL 34275  |                                    |                                 |                        | ager                                       | Member/Mana    | es and Street Addresses of Each Managing | 11. Name:                 |  |
| NOTATE STATE OF THE STATE OF TH | The beautiful and                  | City / State / Zip              |                        |  |                |  |                           |  |
| REINSTATEMENT 2002   |                                    | NOKOMIS FL 34275                | -                      | 185 INLETS BLVD                            |                | KOSTETSKY, SANDRA C                      | Р                         |  |
| REINSTATEMENT  |                                    |                                 |                        | 2002                                       |                |  |                           |  |
|  |                                    |                                 | ***                    | 000  | EMEN           | REINSTAT                                 |                           |  |
|  |                                    |                                 |                        | 140  |                |  |                           |  |
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| 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 t filling this reinstatement application reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., all fees owed by the limited liability company name.  |                                    |                                 |                        |  | the receives   | that I am managing member/manager        | 12. Logrifu               |  |