▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

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
2004 JAN -6 PM 2:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000747

Name and Mailing Address

0005064 01 AT 0.292 **AUTO T1 0 0615 33040-332813

1211 SOUTH STREET, LLC
% LINDA B. WHEELER, ESQ.
1213 WHITE STREET
KEY WEST FL 33040-3328

CR2E034 (7/03)

2. New Mailing Address
P.O. Box 1146
City, State, Zip
Key West, FL 33041

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
01/10/2002

Principal Place of Business
% LINDA B. WHEELER, ESQ.
1213 WHITE STREET
KEY WEST FL 33040

3. New Principal Place of Business Address
221 Simonton Street
City, State, Zip
Key West, FL 33040

6. FEI Number
☐ Applied For
☒ Not Applicable

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

8. Name and Address of Current Registered Agent

WHEELER, LINDA B ESQ.
1213 WHITE STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name
Stones, Adele V., Stones & Cardenas
Street Address (P.O. Box Number is Not Acceptable)
221 Simonton Street
City
Key West
FL
Zip Code
33040

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 Adele V. Stones SIGNATURE REQUIRED Date

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	NICHOLS, JAMES A III	~~4080 CRANBROOK~~ P.O. Box 1146	~~BLOOMFIELD HILLS MI 48301~~ Key West, FL 33041
		400026035424 01/06/04--01003--005 **750.00	
		REINSTATEMENT 2003-04	

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 Daytime Phone #

Typed or printed name of signing Managing Member/Manager