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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

06 MAR -3 AM 11:07

1. DOCUMENT # L02000032166

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001433 01 AT 0.292 **AUTO T7 2 0615 32168-580021



E & M, L.L.C.
2521 WESTWOOD AVENUE
NEW SMYRNA BEACH FL 32168-5800



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/27/2002	
Principal Place of Business 2521 WESTWOOD AVENUE NEW SMYRNA BEACH FL 32168	3. New Principal Place of Business Address	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPENCE, HAL 221 N. CAUSEWAY NEW SMYRNA BEACH FL 32169		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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		Date 1/8/04	
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	EAST, GARY L	136 BRADY HILLS DRIVE	PORT ORANGE FL 32129
MGRM	MOORE, RUSSELL B	2521 WESTWOOD AVENUE	NEW SMYRNA BEACH FL 32168
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		Date 2-1-04 Daytime Phone # 386-644-6711	
Typed or printed name of signing Managing Member/Manager		Russell B. MOORE	

CR2E084 (7/03)

REINSTATEMENT

03-04
[Signature]

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