

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032166
Name and Mailing Address

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



Form sections 2-9: 2. New Mailing Address, 3. New Principal Place of Business Address, 4. State/Country of Formation (FL), 5. Date Organized or Qualified To Do Business in Florida (11/27/2002), 6. FEI Number, 7. CERTIFICATE OF STATUS DESIRED, 8. Name and Address of Current Registered Agent (SPENCE, HAL), 9. Name and Address of New Registered Agent.

CR2E084 (7/03)

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: [Signature]
Date: 1/8/04
REGISTERED AGENT MUST SIGN

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for GARY L EAST and RUSSELL B MOORE. Includes stamp: REINSTATEMENT 03-04 and handwritten signature of Russell B. Moore.

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.
Signature of Managing Member/Manager: [Signature]
Date: 2-1-04
Daytime Phone #: 386-646711
Typed or printed name of signing Managing Member/Manager: Russell B. Moore