


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  
 NOV 26 PM 12: 26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

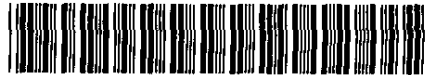
1. DOCUMENT # L02000005632

Name and Mailing Address

0009650 01 AT 0.292 \*\*AUTO T5 3 0615 33634-633825



SERVICETECH, LLC  
 5110 EISENHOWER BLVD., SUITE 150  
 TAMPA FL 33634-6338



*AK*

*2003*

CR2E0B4 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/13/2002	
Principal Place of Business 5110 EISENHOWER BLVD., SUITE <del>100</del> TAMPA FL 33634	3. New Principal Place of Business Address <i>Suite 250</i> City, State, Zip	6. FEI Number <i>94-3417883</i>	Applied For Not Applicable
8. Name and Address of Current Registered Agent SPURLOCK, MITCHELL D 5110 EISENHOWER BLVD., SUITE <del>100</del> 250 TAMPA FL 33634		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Suite 250</i> City <i>600024187416</i> <i>10/28/03--01012--00 FL **155990</i>	

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 *Mitchell Spurlock* **SIGNATURE REQUIRED** M 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	Janet Spurlock	5110 EISENHOWER BLVD SUITE 250	Tampa, FL 33634
MGRM	Rhonda Orr	<i>same</i>	<i>same</i>

**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 *Rhonda Orr* **SIGNATURE REQUIRED** Date *10/16/03* Daytime Phone # *813 383 0738*

Typed or printed name of signing Managing Member/Manager.