

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000099

Name and Mailing Address

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ALLIED BUSINESS GROUP, LLC
14620 SEABURY COURT
FORT MYERS FL 33908-4929



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/01/2000	
Principal Place of Business 14620 SEABURY COURT FORT MYERS FL 33908	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1077493	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JENNINGS, DAVID L 14620 SEABURY COURT FORT MYERS FL 33908	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Permitted) City FL Zip Code
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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 David L Jennings **SIGNATURE REQUIRED** Date 10-20-03
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
MD	JENNINGS, DAVID L	14620 SEABURY COURT	FORT MYERS FL 33908
D	SOTZ, ELIZABETH J	14620 SEABURY COURT	FORT MYERS FL 33908
D	Susan Jennings-Handen K.	829 EL DORADO PKWY W. CAPE CORAL FL 33	Cape Coral, FL 33914
D	Brian Handen W.	829 EL DORADO PKWY W.	Cape Coral, FL 33914
700024282447 10/30/03--01017--035 **155.00			

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 David L Jennings **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 239 454 8418
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)