

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

03 DEC 26 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000350

Name and Mailing Address

0009120 01 AT 0.292 **AUTO T4 0 0615 33601-082424



MAVERICK, LLC
PO BOX 824
TAMPA FL 33601-0824



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/07/2000	
Principal Place of Business 102 W. WHITING ST., #201 TAMPA FL 33602	3. New Principal Place of Business Address	6. FEI Number 59-3635343	Applied For 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	
LENKER JR, MARK 102 W. WHITING ST., #201 TAMPA FL 33602		Name Street Address (P.O. Box Number is Not Acceptable) 200025773262 12/26/03--01049--009 **150.00 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

[Signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/15/03

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	STARK, WILLIAM R	102 W. Whiting St. #201	TAMPA FL 33602

REINSTATEMENT 03

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] **SIGNATURE REQUIRED**

Date 11/15/03 Daytime Phone # 813-254-0123

Typed or printed name of signing Managing Member/Manager