

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 L00000000757  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000757  
 Name and Mailing Address

02 DEC 30 PM 1:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

0008927 01 FP 0.352 \*\*PRSRT H9 0 0615 32059-442769  
 JOHNNY TIPPETTE ENTERPRISES, L.L.C.  
 1169 N.E. GLADIOLI DRIVE  
 LEE FL 32059-4427

12/30/02 01028-001 \*\*150.00



2. New Mailing Address City, State Zip		4. State/Country of Formation FL	
Principal Place of Business 1169 N.E. GLADIOLI DRIVE LEE FL 32059		5. Date Organized or Qualified To Do Business in Florida 01/21/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3619504 Applied For Not Applicable	
8. Name and Address of Current Registered Agent TIPPETTE, JOHNNY RT. 2 BOX 1009 MADISON FL 32340		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>Johnny Tippet</i> REGISTERED AGENT MUST SIGN Date 12-27-02		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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
P	TIPPETTE, JOHNNY	1169 N.E. GLADIOLI DRIVE	LEE FL 32059
REINSTATEMENT 2002			
AL			

CR2E084 (8/02)

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 *John Tippet* Date 12-27-02 Daytime Phone # 850-971-5485  
 Typed or printed name of signing Managing Member/Manager John Tippet