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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

L00000001254

03 DEC 22 AM 11:18

LC 1/5/04

1. DOCUMENT # L00000001254

Name and Mailing Address

0004305 01 AT 0.292 **AUTO T8 0 0615 32961-055050



DAVID P. RUPPERT, L.L.C.
P. O. BOX 550
VERO BEACH FL 32961-0550



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL Indian River Co	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/01/2000	
Principal Place of Business 842 41ST CT VERO BEACH FL 32960	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0989959	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 RUPPERT, DAVID P 3925 9TH PLACE VERO BEACH FL 32960	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 842 41ST COURT City VERO BEACH FL Zip 32960
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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 P. Ruppert **SIGNATURE REQUIRED** Date 12/16/03
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
MGRM	RUPPERT, DAVID L	842 41ST COURT	VERO BEACH FL 32960
MGRM	RUPPERT, MARGARET	842 41ST COURT	VERO BEACH FL 32960
		800025692448	12/22/03--01089--014 **155.00
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 David P. Ruppert **SIGNATURE REQUIRED** Date 12/16/03 Daytime Phone # 772 321 0696
Typed or printed name of signing Managing Member/Manager 772 569 5377

CR2E084 (7/03)