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

04 JAN -8 AM 10: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001289

Name and Mailing Address

Typed or printed name of signing Managing Member/Manager Rosert W. Johnston

0009773 01 AT 0.292 **AUTO T6 0 0615 33701-372499 EREFERENCEDESK, LLC 10 5TH ST N STE 244 B SAINT PETERSBURG FL 33701-3724

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2. New Mailing Address O 5th St. N Suith 211			State/Country of Formation FL		
2. New Mailing Address 10.5th St. N Suit 211 City, State, Zip Peters Burs, R 33701			5. Date Organized or Qualified To Do Business in Florida 02/03/2000		
Principal Place of Business 10 5TH ST N STE 244 B SAINT PETERSBURG FL 337	3. New Principal Place of Busing St. St. St. New State Zin		6. FEI Number 59-3625916 7. CERTIFICATE OF STATUS DESIRED	Applied For Not Applicable \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent		
HARRIS, CHARLES M JR. 101 EAST KENNEDY BLVD. SUITE 2700 TAPMPA FL 33601		Name	Name		
		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		City	A A A A A BHOLO HAVE - S	FL Zip Code	
10. I, being appointed the registered sent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date ///5/03 REGISTERED AGENT MUST SIGN					
11. Names and Street Addresses of Each Managing Member/Manager					
		Street Address of Each naging Member/Mana			
MGRM JOHNSTON, JR., ROBERT W 6129 LEELAND		AND STREET S.	ST. PETE	RSBURG FL 33715	
MGRM WALSH, TIMOTHY A 280 BAYVIEW		EW DRIVE NE	ST. PETE	ERSBURG FL 33704	
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· · · · ·		PEN	STATEMENT		
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 filling 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 it made under oath. 12/29/03					