

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 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000002548

Name and Mailing Address

0013985 01 AT 0.292 **AUTO T1 0 0615 33908-174296



THE BALL HOUSE, L.L.C.
12896 IONA ROAD
FORT MYERS FL 33908-1742



US

2. New Mailing Address 2552 HARBOUR LANE		4. State/Country of Formation FL	
City, State, Zip SANIBEL, FL 33957		5. Date Organized or Qualified To Do Business in Florida 03/07/2000	
Principal Place of Business 12896 IONA ROAD FORT MYERS FL 33908 US	3. New Principal Place of Business Address 2552 HARBOUR LANE	6. FEI Number 65-1000726	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip SANIBEL, FL 33957		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 FARRARA, MARGARET 12896 IONA ROAD FORT MYERS FL 33908		9. Name and Address of New Registered Agent Name LOUIS R. JEFFREY Street Address (P.O. Box) 2552 HARBOUR LANE City SANIBEL FL 33957 Zip Code 33957	
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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 **[Signature]** Date **OCT 21, 2003**

REGISTERED AGENT MUST N

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
D	FARRARA, MARGARET	12896 IONA ROAD	FORT MYERS FL 33908
D	BALL, SUSAN	255 W 84TH STREET 7A	NEW YORK NY 10024
D	BALL, FRED L	14152 DALLAS COURT	GAINESVILLE VA 20155
D	BALL, JAMES	85 E 11TH 5A	NEW YORK NY 10003
MGR	LOUIS R. JEFFREY	2552 HARBOUR LANE	SANIBEL, FL 33957

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]** Date **OCT 21, 2003** Daytime Phone # **239-472-2788**

Typed or printed name of signing Managing Member/Manager

CR2084 (7/03)