

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000002670

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV 21 AM 10:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
100009154121
11/21/02--01096--001 **150.00

1. DOCUMENT # **L00000002670**
Name and Mailing Address

0006407 01 FP 0.352 **PRSR TO 0 0615 33556-473340
SWAIN, EVERSOLE & SCHOCH, LLC
18240 WAYNE ROAD
ODESSA FL 33556-4733



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 18240 WAYNE ROAD ODESSA FL 33556 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/09/2000	
6. FEI Number 59-2845723		Applied For Not Applicable	
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 SWAIN, JAMES 18240 WAYNE ROAD ODESSA FL 33556		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Date _____ 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
MGR	SWAIN, JAMES P	18240 WAYNE RD.	ODESSA FL 33551
REINSTATEMENT 2002			

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 _____ Date **11-18-02** Daytime Phone # **813-920-9469**

Typed or printed name of signing Managing Member/Manager

CR2E094 (8/02)