

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jimmie Smith
Secretary of State
DIVISION OF CORPORATIONS

10000003100

500008833925
11/06/02--01107--013 **155.00

[illegible]

2. New Mailing Address City, State, Zip _____		4. State/Country of Formation FL																													
Principal Place of Business 16631 SEAGULL BAY CT. BOKEELIA FL 33922		5. Date Organized or Qualified To Do Business in Florida 03/15/2000																													
3. New Principal Place of Business Address City, State, Zip _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">6. FEI Number 65-0999731</td> <td style="width: 20%;">Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		6. FEI Number 65-0999731	Applied For		Not Applicable																								
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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 HILKENE, JOHN B 16631 SEAGULL BAY CT. BOKEELIA FL 33922		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 <u><i>John B. Hilken</i></u> Date <u>Nov 4, 2002</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>HILKENE, JOHN B MGR</td> <td>16631 SEAGULL BAY CT</td> <td>BOKEELIA FL 33922</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	HILKENE, JOHN B MGR	16631 SEAGULL BAY CT	BOKEELIA FL 33922																				
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<div style="display: flex; justify-content: space-between; align-items: center;"> <div> RENEWAL STATEMENT <i>Oct 2002</i> <i>dec</i> </div> </div>																															

CB2E084 (8/02)

RESTATEMENT

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dec

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.

John B. Hillman

Date Nov 4 2002 Daytime Phone # 239.826.2448

Typed or printed name of signing Managing Member/Manager

JOHN B. HILKENC