

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Glenade E. Hancock  
Secretary of State  
DIVISION OF CORPORATIONS

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03 DEC 22 PM 12:52  
LN 1/5/4

1. DOCUMENT # L00000003297

Name and Mailing Address

0015720 01.MB 0.309 \*\*AUTO T8 0 0615 26531-054949



SUSIE'S SUNSET, L.C.

P.O. BOX 549

DELLSLOW WV 26531-0549



REINSTATEMENT

2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/23/2000	
Principal Place of Business EAST GATE PLAZA MORGANTOWN WV 26508	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 55-0783011	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 KOENIG, TIMOTHY J FELDMAN, KOENIG & HIGHSMITH, PA 3158 NORTHSIDE DR. KEY WEST FL 33040	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 12/22/03-01089-006 **150.00 City FL Zip Code
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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

*T. J. Koenig*

REQUIRED

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	MAYNARD, DAVID	3025 GREYSTON DRIVE	MORGANTOWN WV 26508

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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 Maynard*

Date

11/17/03

Daytime Phone #

304/290-0900

Typed or printed name of signing Managing Member/Manager

DAVID MAYNARD