

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

3350
FILED

1. DOCUMENT # L00000003350

Name and Mailing Address

0000314 01 FP 0.352 **PRSR T2 0 0615 32707-575750



POLK ENTERPRISES, LLC
1015 E. SEMORAN BLVD., #225
CASSELBERRY FL 32707-5757

02 OCT 25 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



W/H/OZ

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1015 E. SEMORAN BLVD., #225 CASSELBERRY FL 32707		5. Date Organized or Qualified To Do Business in Florida 03/24/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3638275 Applied For <input type="checkbox"/> Not Applicable	
		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 POLK, NEAPOLEON F 1015 E. SEMORAN BLVD., #225 CASSELBERRY FL 32707		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* Date *10/22/02*

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	POLK, NEAPOLEON	1015 E. SEMORAN BLVD., #225	CASSELBERRY FL 32707
MGRM	POLK, RUTH JAXSON	579 NAPOLEON LANE	LAKE MARY FL 32746
		700008590107 10/23/02--01038--004 **155.00	
REINSTATEMENT 2002			
<i>NR</i>			

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 *10/22/02* Daytime Phone # *407-332-5200*

Typed or printed name of signing Managing Member/Manager *NEAPOLEON F POLK*