

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



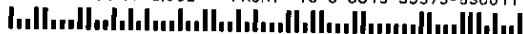
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000003478

Name and Mailing Address

0006451 01 FP 0.352 **PRST TO 0 0615 33573-530011



WEISSMAN & ASSOCIATES, LLC
1511 SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573-5300



2. New Mailing Address

1511 B. Sun City Center Plaza

City, State, Zip
Suncitycenter FL 33573

Principal Place of Business

1511 SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573

3. New Principal Place of Business Address

1511 B. Suncitycenter Plaza

City, State, Zip

Suncitycenter FL 33573

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/21/2000

6. FEI Number 59363/885
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

WEISSMAN, RACHEL
1511 B SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33573

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1511 B. Sun City Center PLAZA

City

Suncitycenter

FL

Zip Code

33573

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 *Rachel Weissman*

REGISTERED AGENT MUST SIGN

Date 10/23/02

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	WEISSMAN, RACHEL	1511-B SUN CITY CENTER PLAZA	SUN CITY CENTER FL 33573
			AL
			300008595923 10/25/02--01078--003 **50.00

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

Rachel Weissman

Date 10/23/02

Daytime Phone # (813) 634-7100

Typed or printed name of signing Managing Member/Manager

RACHEL WEISSMAN

CH2E084 (8/02)

20/2

Memo

From

Allstate.

To

Please be advised we
never received our
request to file our 2002
Business report.

Regards,

Rachel Weissman

Rachel Weissman, CPIW, CIC, LUTCF
Sr. Account Agent
Weissman & Associates, LLC
Sun City Center Plaza
(813) 634-7100