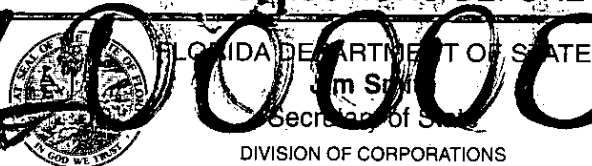


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



40000003990

02 NOV 21 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

300009154363  
11/21/02--01098--002 \*\*150.00

MMJ

1. DOCUMENT # L00000003990

Name and Mailing Address

0009705 01 FP 0.352 \*\*PRST H4 0 0615 32904-655170  
DOUBLE T ASSOCIATES, LLC  
2270 PINEMeadow AVE.  
MELBOURNE FL 32904-6551



11/21 2002

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901		5. Date Organized or Qualified To Do Business in Florida 04/06/2000	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3638220	
		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  PADGETT, W. DOUG 2270 PINEMeadow AVE. MELBOURNE FL 32904		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 W. Doug Padgett Date 11/18/02

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	PADGETT, W. DOUG	2270 PINEMeadow AVE.	MELBOURNE FL 32904
MGR	CABBAGE GROUP, INC.	1688 W. HIBISCUS BLVD.	MELBOURNE FL 32901

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 W. Doug Padgett Date 11/18/02 Daytime Phone # 321-723-6938

Typed or printed name of signing Managing Member/Manager W. Doug Padgett

CR2E084 (8/02)