

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

L00000004289

03 JAN -9 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000004289

Name and Mailing Address

0010080 01 FP 0.352 \*\*PRSRT H6 0 0615 33483-740341



HEYDT FIVE ENTERPRISES, LLC

541 BANYAN ROAD

GULFSTREAM FL 33483-7403

777 E Atlantic Ave  
Suite Z, #326  
Delray Bch, FL  
33483



1/9 2002

MJH

2. New Mailing Address 777 E Atlantic Ave Suite Z, #326 Delray Bch, FL 33483		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 04/13/2000		6. FEI Number 65-1026720	
Principal Place of Business 541 BANYAN ROAD GULFSTREAM FL 33483		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
3. New Principal Place of Business Address 1 Fisher Lane Delray Bch, FL 33483		8. Name and Address of Current Registered Agent HEYDT, MASON C 541 BANYAN ROAD GULFSTREAM FL 33483	
9. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 1 Fisher Lane City: Delray Bch FL Zip Code: 33483		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] (Mason C Heydt) Date: 11/21/05 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	HEYDT, MASON C	541 BANYAN ROAD 1 Fisher Lane	GULFSTREAM FL 33483 Delray Bch, FL 33483
500009997015 01/09/03--01063--016 **150.00			

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: [Signature] Date: 11/21/05 Daytime Phone #: 561-273-6914

Typed or printed name of signing Managing Member/Manager: MASON C HEYDT

CR2E084 (8/02)