

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



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

L00000004410

FILED

2002 OCT 28 AM 10:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004410

Name and Mailing Address

0004666 01 FP 0.352 **PRSR T4 0 0615 33477-119653



PLANTATION POTTERY, L.L.C.
4300 S. US 1, STE 203, BOX 251
JUPITER FL 33477-1196



2. New Mailing Address

City, State, Zip

Principal Place of Business

1015 LAKE SHORE DR., APT. 101
LAKE PARK FL 33403

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/13/2000

6. FEI Number

65-1003330

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

STONER, MARK
4300 S. US 1, STE 203, BOX 251
JUPITER FL 33477

9. Name and Address of New Registered Agent

Name

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

700008639217
10/28/02--01137--011 **150.00

City

FL

Zip Code

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 *Mark Stoner*

Date 10-28-02

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	STONER, MARK	4300 S. US 1, STE 203, BOX 251	JUPITER FL 33477

REINSTATEMENT 2002

Op

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 *Mark Stoner*

Date 10-28-02 Daytime Phone # 305-608-9044

Typed or printed name of signing Managing Member/Manager

CR2E094 (8/02)