PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

1. DOCUMENT #

L00000004756

Name and Mailing Address

FILED 03 OCT 28 PM 5: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

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				10/28	<u> 200</u> 3	
2. New Mailing Address				4. State/County of Formation		
12017 N. COUNTRY CLUB DR.				FL FL		
CITY, STATE, ZIP CHARLEVOIX Mi 49720				5. Date Organized or Qualified To Do Business in Florida 04/18/2000		
33	ace of Business 00 PALM AVENUE	B. New Principal Place of Business Address		6. FEI Number Applied For 65–1002069 Not Applicable		
FT. MYERS FL 33901		City, State, Zip	"	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent		
TH	OMAS, NICOLASA M		Name	7//	777	
19	599 VINTAGE TRACE CIRCLE MYERS FL 33912	e of	Street active (P. Chox Comber is Not Acceptable U.B.D.R.			
EHAR SUOX HI EX 49/120						
10. I, being appointed the registered agent of the above named limited billity company, am familiar with and accept the obligations of Chapter 608, F.S.						
Signature of Registered Agent						
REGISTERED AGENT MUST SIGN						
11. Name	Names and Street Addresses of Each Managing Member/Manager Name of Managing Street Address of Each					
Title(s)			ging Member/Manag	· · · · · · · · · · · · · · · · · · ·	City / State / Zip	
MGRM	THOMAS, NICOLASA M 19599 VINTAC		E TRACE CIRCLE FT. MYERS		ERS FL 33912	
MGRM	THOMAS, KIP	19599 VINTAGE 1		FT. MY	ERS FL 33012	
				4		
				- 1900241 10/28/0301008-	-012 **150.00	
			R	EINSTATEM	ENT 2003	
12. Legrify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chanter 608. E.S. I further certify that when						

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 the property application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manage Date 10 - 23.03 Daytime Phone # 23/- 237- 933/

Typed or printed name of signing Managing Member/Manager