

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
In and Through
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 31 AM 10:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000005910

Name and Mailing Address

0005184 01 FP 0.352 **PRSR T6 0 0615 33715-251410



EXECUTIVE FORUM LLC
2010 BAYVIEW DRIVE
TIERRE VERDE FL 33715-2514



2. New Mailing Address

City, State, Zip

Principal Place of Business

2010 BAYVIEW DRIVE
TIERRE VERDE FL 33715

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

05/23/2000

6. FEI Number

59-3674856

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

ISAACS, SHERYLE
2010 BAYVIEW DRIVE
TIERRE VERDE FL 33715

9. Name and Address of New Registered Agent

Name

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

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

A. Sheryl Isaac

Date

10/22/02

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
MGRM	AUGELLO, MIKE	12851 RACE TRACK RD	TAMPA FL 33626
MGRM	DAVIS, PAM	12425 28TH ST N SUITE 103	ST PETERSBURG FL 33716
MGRM	FAULHABER, FRITZ	14881 EVERGREEN AVE	CLEARWATER FL 34622-3088
MGRM	HEIST, TRIP	1901 ULMERTON RD	CLEARWATER FL
MGRM	POPPELTON, JAY	P.O. BOX 4490	CLEARWATER FL 34618-4490
REINSTATEMENT 2002			

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

A. Sheryl Isaac

Date

10-22-02

Daytime Phone #

727-867-7088

Typed or printed name of signing Managing Member/Manager

Sheryl Isaac

CR2E084 (8/02)