

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -6 PM 12:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L00000005932

Name and Mailing Address

0002298 01 AT 0.292 **AUTO TO 0 0615 32322-061313

CARRABELLE DEVELOPMENT COMPANY, LLC
P.O. BOX 613
CARRABELLE FL 32322-0613



2/6 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/22/2000	
Principal Place of Business 260 TIMBER ISLAND ROAD CARRABELLE FL 32322	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent SCHNEIDER, DELL 260 TIMBER ISLAND ROAD CARRABELLE FL 32322		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100028322271 02/08/04--01025--004 **200.00 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 <u><i>D. Schneider</i></u> SIGNATURE REQUIRED Date <u>1/4/04</u> 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	WALLACE, JERRY	4458 OCEAN VIEW DRIVE	DESTIN FL 32541
MGR	SCHNEIDER, DELL	P.O. BOX 613	CARRABELLE FL 32322
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 <u><i>D. Schneider</i></u> Date _____ Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____			

REINSTATEMENT 2003-2004

CR2E084 (7/03)