

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009676674

12/24/02--01061--004 **150.00

1. DOCUMENT # L00000006594

Name and Mailing Address

0005273 01 FP 0.352 **PRSRT T6 0 0615 33762-027272
ERNEST HOLDINGS, L.L.C.
PO BOX 17272
CLEARWATER FL 33762-0272



2. New Mailing Address

City, State, Zip

Principal Place of Business

12601 60TH STREET NORTH
CLEARWATER FL 33762

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

06/07/2000

6. FEI Number 59-3727867
APPLIED FOR

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

DESLOOVERE, MURIEL ESQ.
1715 WEST CLEVELAND STREET
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

E. C. Langford

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

1715 West Cleveland Street

City
Tampa

FL

Zip Code
33606

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

Date December 10, 2002

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
PRES	BROOKE, K.E.	2400 FEATHER SOUND DRIVE 175 17th AVE N	CLEARWATER FL 33762 57 PETERSBURG FLORIDA 33704
			AL
			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

Date

Dec 6

Daytime Phone #

1-727-5338983

Typed or printed name of signing Managing Member/Manager K. Brooke

CR2E084 (8/02)