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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000006957

APPLICATION FOR
REINSTATEMENT
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000006957

Name and Mailing Address

0001265 01 AT 0.292 **AUTO T7 1 0615 32114-432976



SUSAN W. TOLBERT, P.L.

148 S RIDGEWOOD AVE

SUITE D

DAYTONA BEACH FL 32114-4329



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/14/2000	
Principal Place of Business 148 S RIDGEWOOD AVE SUITE D DAYTONA BEACH FL 32114	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3651888	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TOLBERT, SUSAN W 148 S RIDGEWOOD AVE SUITE D DAYTONA BEACH FL 32114	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900024019189 10/22/03--01058--005 **150.00 City FL Zip Code
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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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/20/03

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	TOLBERT, SUSAN W	148 S RIDGEWOOD AVE SUITE D	DAYTONA BEACH FL 32114

REINSTATEMENT

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

SIGNATURE REQUIRED

Date 10/20/03

Daytime Phone # 386 2480909

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)