

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000007324

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # **L00000007324**

02 NOV -5 PM 4:23

Name and Mailing Address

0009355 01 FP 0.352 **PRSRT H2 0 0615 32301-264605



JOHN R MADER & ASSOCIATES LLC
905 E. PARK AVENUE
TALLAHASSEE FL 32301-2646

MJH



11/5 2002

2. New Mailing Address 4693 N. Monroe St. City, State, Zip: Tallahassee FL 32303		4. State/Country of Formation FL	
Principal Place of Business 905 E. PARK AVENUE TALLAHASSEE FL 32301		5. Date Organized or Qualified To Do Business in Florida 06/22/2000	
3. New Principal Place of Business Address 4693 N. Monroe St. City, State, Zip: Tallahassee FL 32303		6. FEI Number 59-3653633	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent MADER, JOHN R 905 E. PARK AVENUE TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: <i>[Signature]</i> Date: 11/5/02 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	MADER, JESSILO J	3608 WESTMERLAND DR. Westmoreland Dr.	TALLAHASSEE FL 32303
MGRM	MADER, JOHN R	905 E. PARK AVE. 4693 N. Monroe St.	TALLAHASSEE FL 32301-32303

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11/08/02--01001--004 **155.00

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]* Date: 11/5/02 Daytime Phone #: 850-514-0098

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)