

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

2004 MAR 16 AM 10:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000008409

Name and Mailing Address

0011418 01 AT 0.292 **AUTO T2 3 0615 34786-821241



TRISTAR MARKETING GROUP, L.L.C.
9541 QUEENSBURY CT
WINDERMERE FL 34786-8212



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9541 QUEENSBURY CT WINDERMERE FL 34786		5. Date Organized or Qualified To Do Business in Florida 07/10/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3656596 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SUTHERLAND, MARK A 9541 QUEENSBURY CT WINDERMERE FL 34786		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 Michele C. Sutherland Street Address (P.O. Box Number is Not Acceptable) 9541 Queensbury Court City Windermere FL 34786			
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 X Michele Sutherland REGISTERED AGENT MUST SIGN Date 3/3/04			
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	SUTHERLAND, MARK A	9541 QUEENSBURY CT	WINDERMERE FL 34786
MGR	SUTHERLAND, MICHELE C	9541 QUEENSBURY CT	WINDERMERE FL 34786
		600030584626 03/16/04--01106--023 **200.00	
		REINSTATEMENT 2003-04	

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 X Michele Sutherland Date Daytime Phone # 407-421-8312

Typed or printed name of signing Managing Member/Manager Michele C. Sutherland

CR2E084 (7/03)