

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

L00000009201

FILED

1. DOCUMENT # L00000009201

Name and Mailing Address

02 NOV 21 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006543 01 FP 0.352 \*\*PRST TO 0 0615 33647-200157  
MOORLAND CAPITAL GROUP LLC  
16057 TAMPA PALMS BLVD., W., SUITE 392  
TAMPA FL 33647-2001



REINSTATEMENT

CR2E084 (8/02)

<b>2. New Mailing Address</b> City: State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 16057 TAMPA PALMS BLVD., W., SUITE 392 TAMPA FL 33647 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/26/2000	
<b>6. FEI Number</b> 59-3662053		<b>Applied For</b> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> GHILLYER, ANDREW DR 5036 SOUTHAMPTON CIRCLE TAMPA FL 33647		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 800008790178 11/21/02--01072--004 **150.00 City FL Zip Code	
<b>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.</b> Signature of Registered Agent: <u>A.W. Gillyer</u> Date: <u>11/2/02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GHILLYER, ANDREW	16057 TAMPA PALMS BLVD W., #392	TAMPA FL 33647
MGRM	GHILLYER, SHERRY	16057 TAMPA PALMS BLVD W., #392	TAMPA FL 33647
800008790178 11/21/02--01072--004 **150.00			
800008790178 11/04/02--01093--014 **100.00			

REINSTATEMENT 2002

BK

**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

A.W. Gillyer

Date

11/2/02

Daytime Phone #

813-977-8200

Typed or printed name of signing Managing Member/Manager

ANDREW GHILLYER