

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2002  
~~LLC UBR~~  
 APPLICATION  
 FOR  
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

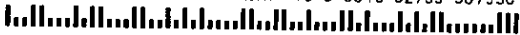
FILED

1. DOCUMENT # L0000010062  
 Name and Mailing Address

02 OCT 28 AM 9:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

0007474 01 FP 0.352 \*\*PRSRT T3 0 0615 32789-367950



J. GRUSHKA FINANCIAL, LLC  
 140 N. ORLANDO AVENUE, STE 200  
 WINTER PARK FL 32789-3679



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 140 N. ORLANDO AVENUE, STE 200 WINTER PARK FL 32789		5. Date Organized or Qualified To Do Business in Florida 08/22/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3666630 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GRUSHKA, JEFFREY S 1311 RIDGE ROAD LONGWOOD FL 32750		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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

CR2E084 (8/02)

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]* REGISTERED AGENT MUST SIGN      Date: 10-23-02

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
P	GRUSHKA, JEFFREY S	1311 RIDGE ROAD	LONGWOOD FL 32750

500008630225  
 10/28/02--01105--003 \*\*50.00

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: 10-23-02      Daytime Phone #: 407-628-1100

Typed or printed name of signing Managing Member/Manager

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**J. GRUSHKA FINANCIAL, LLC**

P.O. Box 2705  
Winter Park, FL 32790

October 23, 2002

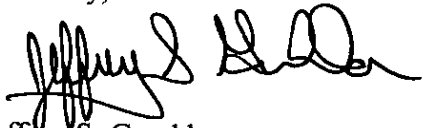
Florida Department of State  
Divisions of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Gentleman:

I received the enclosed notice stating the revocation of my LLC. This is the first letter I have received regarding the revocation. I have not received anything previous to this notice and I obviously have no intention of revoking my LLC

Pursuant to my recent conversation with your department as instructed I am enclosing a check for \$50.00. Please contact me if there are any further questions or problems.

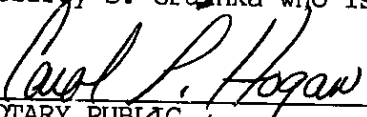
Sincerely,



Jeffrey S. Grushka

State of Florida  
County of Orange

Sworn to and subscribed before me this 23rd day of October, 2002 by Jeffrey S. Grushka who is personally known to me.



NOTARY PUBLIC

CAROL P. HOGAN

