

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

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

04 JAN -8 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000010878

Name and Mailing Address

0012040 01 AT 0.292 **AUTO T4 0 0615 33422-311313



TASTE BUDS, LLC
PO BOX 223113
WEST PALM BEACH FL 33422-3113

100026472031
01/08/04--01015--010 **155.00



2. New Mailing Address PO BOX 223113 WEST PALM BEACH FL 33422		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/08/2000	
Principal Place of Business PO BOX 223113 WEST PALM BEACH FL 33422	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1042823	Applied For <input type="checkbox"/> Not Applicable
		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 WARNER, RON WARNER AND ASSOCIATES, CPA, PA 1897 PALM BEACH LAKES BOULEVARD SUITE 226 WEST PALM BEACH FL 33409	9. Name and Address of New Registered Agent Name JON GREENBERG Street Address (P.O. Box Number is Not Acceptable) 500 Executive Ctr Drive West Palm Bch FL 33401 City West Palm Bch FL Zip Code 33401
---	--

10. I, being appointed the legal 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

Date **11/29/03**

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	NICKERSON, DIANE	PO BOX 223113	WEST PALM BEACH FL 33422
MGRM	GREENBERG, JON	PO BOX 223113	WEST PALM BEACH FL 33422

REINSTATEMENT

03

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

Date **12/1/03**

Daytime Phone # **(561) 615-3750**

Typed or printed name of signing Managing Member/Manager

Jon Greenberg

CR2E034 (7/03)