

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 10 PM 3:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000012571

Name and Mailing Address

0010656 01 FP 0.352 **PRSR HT 0 0615 34786-780264



JOAN DE ARC, LLC
10964 BAYSHORE DR.
WINDERMERE FL 34786-7802



4/10-2002-2003

2. New Mailing Address 1100 S.W. 10 th STREET		4. State/Country of Formation FL	
City, State, Zip DELRAY BEACH, FL 33444		5. Date Organized or Qualified To Do Business in Florida 10/17/2000	
Principal Place of Business 10964 BAYSHORE DR. WINDERMERE FL 34786	3. New Principal Place of Business Address 1100 S.W. 10 th ST.	6. FEI Number 22-3781327 APPLIED FOR	Applied For Not Applicable
City, State, Zip DELRAY BEACH, FL 33444		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JOAN DE ARC, LLC 4403 VINELAND RD. SUITE B-12 ORLANDO FL 32811		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1100 S.W. 10 th STREET City DELRAY BEACH FL Zip Code 33444	
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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] Date _____

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
CFO	PARRA, OLGA B	4403 VINELAND RD. SUITE B-12 1100 S.W. 10 th ST. DELRAY BEACH	ORLANDO FL 32811 DELRAY BEACH, FL 33444
300014551923 03/24/03 01052-014 **200.00			

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 X [Signature] Date 3/18/03 Daytime Phone # 561-338-0707

Typed or printed name of signing Managing Member/Manager