

L00000013904

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

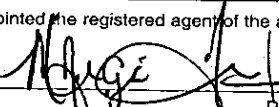
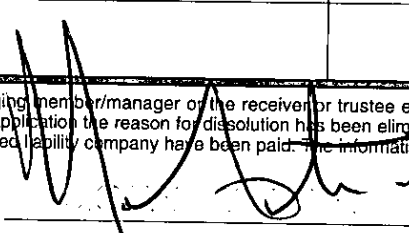
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/05/02--01095--004 **150.00

1. DOCUMENT # L00000013904
Name and Mailing Address

0007250 01 FP 0.352 **PRSR T2 0 0615 30071-120716
WEST FLORIDA MARKETING GROUP, LLC
3016 ADRIATIC COURT
NORCROSS GA 30071-1207



2. New Mailing Address 4208 Winding Moss Trail #202 City, State, Zip Tampa FL 33613		4. State/Country of Formation FL	
Principal Place of Business 6091 JOHNS ROAD, STE 5 TAMPA FL 33634		5. Date Organized or Qualified To Do Business in Florida 11/13/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 58-2582146 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent FINSTEIN, MARGARET 1802 PINEHILL DR. SAFETY HARBOR FL 34695		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 Margaret Finstein 4208 Winding Moss Trail #202 Tampa City FL 33613			
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  REGISTERED AGENT MUST SIGN Date _____			
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	FINSTEIN, MARK	3016 ADRIATIC COURT	NORCROSS GA 30071
REINSTATEMENT 2002			
12. I certify that I am managing member/manager of 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 _____ Daytime Phone # 1500 400 2976 #202			

CR2E084 (8/02)