

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
Secretary of State  
DIVISION OF CORPORATIONS

L00000014864

FILED

02 OCT 28 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014864  
Name and Mailing Address

0007794 01 FP 0.352 \*\*PRSRT T4 0 0615 34285-200405  
SANDY'S VENETIAN GARDEN, L.L.C.  
305-B WEST VENICE AVENUE  
VENICE FL 34285-2004



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 305-B WEST VENICE AVENUE VENICE FL 34285		5. Date Organized or Qualified To Do Business in Florida 12/01/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1058791	
8. Name and Address of Current Registered Agent KOSTETSKY, SANDRA C 165 INLET BLVD. NOKOMIS FL 34275		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) 700008606127 10/28/02--01041--001 **155.00 City FL Zip Code	

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 Sandra C. Kostetsky Date 10/28/02  
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
P	KOSTETSKY, SANDRA C	185 INLETS BLVD	NOKOMIS FL 34275

REINSTATEMENT 2002  
ML

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 Sandra C. Kostetsky Date 10/24/02 Daytime Phone # 941-488-8885  
Typed or printed name of signing Managing Member/Manager SANDRA C KOSTETSKY