

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 -9 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000015181

Name and Mailing Address

0010042 01 AT 0.292 **AUTO T6 0 0615 33756-346935



ONE CNC, LLC
1235 S. MYRTLE AVE
CLEARWATER FL 33756-3469



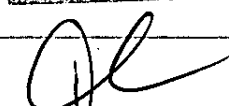
2. New Mailing Address 2002 N. Lois Ave #210		4. State/Country of Formation FL	
City, State, Zip TAMPA, FL 33609		5. Date Organized or Qualified To Do Business in Florida 12/08/2000	
Principal Place of Business 1235 S. MYRTLE AVE CLEARWATER FL 33756	3. New Principal Place of Business Address 2002 N. Lois Ave #210	6. FEI Number 59-3685832	Applied For Not Applicable
City, State, Zip TAMPA, FL 33609		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 MEYES, MICHAEL 1235 S. MYRTLE AVE CLEARWATER FL 33756	9. Name and Address of New Registered Agent Reyes, Michael Street Address (P.O. Box Number is Not Acceptable) 2002 N. Lois Ave #210 City, State, Zip TAMPA FL 33609
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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 REQUIRED** Date **11-12-2003**

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
MGR	REYES, MICHAEL	270 EAST DUNCAN LOOP, #204	DUNEDIN FL 34698
000026609340 01/09/04--01062--004 **150.00			
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 609.406, 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 REQUIRED** Date **11-12-2003** Daytime Phone # **813-874-2335**

Typed or printed name of signing Managing Member/Manager **Michael A. Reyes**

CR2E034 (7/03)