

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
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L01000000001
Name and Mailing Address

0010811 01 AT 0.292 **AUTO TO 0 0615 34233-508290
JAMESON HOLDINGS, LLC
5741 BEE RIDGE ROAD, SUITE 390
SARASOTA FL 34233-5082

MJH



10/28 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5741 BEE RIDGE ROAD, SUITE 390 SARASOTA FL 34233		5. Date Organized or Qualified To Do Business in Florida 12/29/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1066121	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E(084 (7/03)

8. Name and Address of Current Registered Agent DOERR, KENNETH D 240 SOUTH PINEAPPLE AVE., 10TH FL SARASOTA FL 34236		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Glenda E. Hood* **REGISTERED AGENT MUST SIGN** Date 10/21/03

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	CORCORAN, JOSEPH	5741 BEE RIDGE ROAD, SUITE 390	SARASOTA FL 34233
MEM	CORCORAN, PANAYIOTA	4060 ROBERTS PT. RD.	SARASOTA FL 34242
700024184437 10/28/03--01007--015 **150.00			
REINSTATEMENT 2003			

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 *Joseph C. Corcoran* **REQUIRED** Date 20 Oct 2003 Daytime Phone # 941 346 3622
Typed or printed name of signing Managing Member/Manager JOSEPH C. CORCORAN