

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000000460**

AND  
FILED

03 APR -1 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000460

Name and Mailing Address

0006225 01 FP 0.352 \*\*PRST T9 0 0615 32608-511205



PRAIRIEVIEW, LC  
8005 SW 42ND TERRACE  
GAINESVILLE FL 32608-5112

**600009909986**  
04/01/03--01056--027 \*\*50.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/02/2001	
Principal Place of Business 8005 SW 42ND TERRACE GAINESVILLE FL 32608	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M 8005 SW 42ND TERRACE GAINESVILLE FL 32608		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) 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 <i>[Signature]</i> Date 01-15-03 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
Manager	Hugh A. Stump	8005 SW 42nd Terrace	Gainesville, FL 32608
REINSTATEMENT			
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 <i>[Signature]</i>		Date 12/23/02	Daytime Phone # 352-378-9111
Typed or printed name of signing Managing Member/Manager		Hugh A. Stump	

CR2E084 (8/02)