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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

**L01000000573**

SECRETARY OF STATE  
Glen E. Hodges  
Tallahassee, Florida

FILED

1. DOCUMENT # L01000000573  
Name and Mailing Address

04 FEB -4 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SANDRA L. SIMMONS, LLC  
9191 SPRING HILL DRIVE  
SPRING HILL FL 34608-6251



|   |                                   |  |                               |
|---|-----------------------------------|--|-------------------------------|
| 2. New Mailing Address<br>City, State, Zip  |                                   | 4. State/Country of Formation<br>FL  |                               |
| Principal Place of Business<br>9191 SPRING HILL DRIVE<br>SPRING HILL FL 34608   |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>01/09/2001   |                               |
| 3. New Principal Place of Business Address<br>City, State, Zip  |                                   | 6. FEI Number<br>65-1065967  | Applied For<br>Not Applicable |
| 8. Name and Address of Current Registered Agent<br>SIMMONS, SANDRA L<br>9191 SPRING HILL DRIVE<br>SPRING HILL FL 34608  |                                   | 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<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>400028215244<br>02/04/04--01052--011 **200.00<br>City<br>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.<br>Signature of Registered Agent <i>Sandra L. Simmons</i> <b>SIGNATURE REQUIRED</b> Date <u>2-1-04</u><br>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            |
| MGRM  | SIMMONS, SANDRA L                 | 9191 SPRING HILL DRIVE   | SPRING HILL FL 34608          |
|   |                                   | <b>REINSTATEMENT</b> <i>2503-2504</i>  |                               |

CR2E084 (7/03)

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 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 L. Simmons* **SIGNATURE REQUIRED** Date 2-1-04 Daytime Phone # 352-585-1208

Typed or printed name of signing Managing Member/Manager