

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000000573

THE STATE OF FLORIDA
Gloria E. Hodges
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000000573
Name and Mailing Address

04 FEB -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013642 01 AT 0.292 **AUTO T9 0 0615 34608-625191



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



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

REINSTATEMENT

2503-2504

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

CR2E034 (7/03)