

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

**L01000000871**

FILED

02 NOV 21 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000000871

Name and Mailing Address

0005435 01 FP 0.352 \*\*PRSRT T7 0 0615 34102-674553



CORGI, L.L.C.

900 SIXTH AVENUE SOUTH, SUITE 203

NAPLES FL 34102-6745



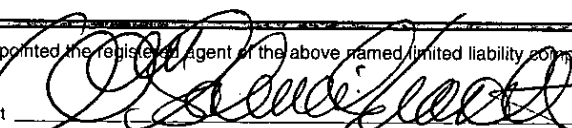
10/4/02

<b>2. New Mailing Address</b>		<b>4. State/Country of Formation</b>	
City, State, Zip		FL	
<b>Principal Place of Business</b>		<b>5. Date Organized or Qualified To Do Business in Florida</b>	
900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES FL 34102		01/15/2001	
<b>3. New Principal Place of Business Address</b>		<b>6. FEI Number</b>	
City, State, Zip		Applied For Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

CR2E084 (8/02)

<b>8. Name and Address of Current Registered Agent</b>		<b>9. Name and Address of New Registered Agent</b>	
SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH, SUITE 203 NAPLES FL 34102		Name Street Address (P.O. Box Number is Not Acceptable) 900009152659 11/21/02--01072--003 **150.00 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  Date 11/18/02

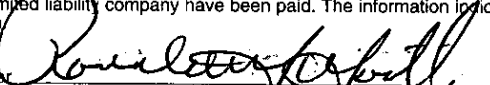
REGISTERED AGENT MUST SIGN

<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ronald W. Wootton	5325 - 13th St., S.W.	Canton, Ohio 44710

**REINSTATEMENT 2002**

*Handwritten signature*

**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  Date 11-8-02 Daytime Phone (330) 478-2830

Typed or printed name of signing Managing Member/Manager Ronald W. Wootton, Managing Member