

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000000884**

APPLICATION  
FOR  
REINSTATEMENT



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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

300009805053

01/03/03--01029--004 \*\*150.00

1. DOCUMENT # L01000000884

Name and Mailing Address

0011118 01 FP 0.352 \*\*PRSR H3 0 0615 34242-155312



SIESTA BEACH FRONT, LLC  
512 TREASURE BOAT WAY  
SARASOTA FL 34242-1553

**MJH**



1/2 2002

CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/17/2001	
Principal Place of Business 512 TREASURE BOAT WAY SARASOTA FL 34242	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1068515	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA FL 34233	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 [Signature] Date 12/28/02

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
MGR	MAGEE, DAVID S	512 TREASURE BOAT WAY	SARASOTA FL 34242

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 [Signature] Date 12-29-02 Daytime Phone # 941-346-8109

Typed or printed name of signing Managing Member/Manager David S. Magee