

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
DIVISION OF CORPORATIONS

1. **DOCUMENT #** L01000001368

Name and Mailing Address

0004233 01 AT 0.292 \*\*AUTO T8 0 0615 32952-530525

ISLAND DIVERSIFIED HOLDINGS, LLC  
2025 S. TROPICAL TRAIL  
MERRITT ISLAND FL 32952-5305

9/26/03

**FILED**  
04 JAN 21 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address <b>508 S Plumosa St</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Merritt Island, FL 32952</b>		5. Date Organized or Qualified To Do Business in Florida <b>01/26/2001</b>	
Principal Place of Business <b>2025 S. TROPICAL TRAIL MERRITT ISLAND FL 32952</b>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <b>59-3720717</b>	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  <b>MARKEY, FOWLER 25 MCCLEOD FOWLER INDIALANTIC FL 32903</b>		9. Name and Address of New Registered Agent Name <b>MARKEY &amp; Fowler, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 McLeod Street</b> City <b>MERRITT Island</b> FL Zip Code <b>32953</b>	
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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 REQUIRED**

Date **1/13/04**

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	ELDRIDGE, PETER A	2025 S. TROPICAL TRAIL	MERRITT ISLAND FL 32952
MGR	ELDRIDGE, PATRICIA A	2025 S. TROPICAL TRAIL	MERRITT ISLAND FL 32952

800028292348  
02/05/04--01037--001 \*\*200.00

**REINSTATEMENT 2003-2004**

800028292348  
02/05/04--01037--002 \*\*5.00

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 REQUIRED**

Date **1/13/04**

Daytime Phone # **321-459-2847**

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)