

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 Jiri Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

400011411554

01/30/03--01099--004 **200.00



1. DOCUMENT # L01000001430

Name and Mailing Address

0007768 01 FP 0.352 **PRSRT T4 0 0615 34243-144140



RICHCO, L.L.C.
 7040 N. TAMIAMI TRAIL
 SARASOTA FL 34243-1441.

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|---|--|--|---|
| 2. New Mailing Address 3505B AVENIDA MADERA | | 4. State/Country of Formation FL | |
| City, State, Zip BRADENTON, FL 34210 | | 5. Date Organized or Qualified To Do Business in Florida 01/29/2001 | |
| Principal Place of Business 7040 N. TAMIAMI TRAIL SARASOTA FL 34243 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 65-1156792 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| | | 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 RICHELIEU, CHARLES H III 6807 3RD STREET COURT WEST BRADENTON FL 34207 | 9. Name and Address of New Registered Agent Name TOM D. COOK Street Address (P.O. Box Number is Not Acceptable) 3505B AVENIDA MADERA City BRADENTON FL Zip Code 34210 |
|--|---|

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 *Tom D. Cook* Date **1/28/03**

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 | COOK, TOM D | 7040 N. TAMIAMI TRAIL 3505B AVENIDA MADERA | SARASOTA FL 34243 BRADENTON, FL 34210 |
| MGR | RICHELIEU, CHARLES H III | 6807 3RD STREET COURT WEST | BRADENTON FL 34207 |
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REINSTATEMENT **02/03**
Dec

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 *Tom D. Cook* Date **1/28/03** Daytime Phone # **941-753-9250**

CR2084 (8/02)