

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2003 NOV 12 PM 1:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002126
Name and Mailing Address

0009801 01 AT 0.292 **AUTO T6 0 0615 33704-391923



SELF INSURED MANAGEMENT COMPANY OF FLORIDA, LLC
1923 16TH STREET NORTH
SAINT PETERSBURG FL 33704-3919



CR2E035 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/08/2001	
Principal Place of Business 1923 16TH STREET NORTH SAINT PETERSBURG FL 33704	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3697757	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 KICKLITER, GENE M 1923 16TH STREET NORTH SAINT PETERSBURG FL 33704	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600024621116 11/13/03--01014--004 **150.00 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 *Gene Kickliter* **REGISTERED AGENT MUST SIGN** Date 10/20/03

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	FLOWERS, DEBRA JO	1923 16TH STREET NORTH	SAINT PETERSBURG FL 33704
MGRM	FLOWERS, KAY A.	1923 16th STREET NORTH	ST PETERSBURG FL 33704
MGR	FLOWERS, RAYMOND L.	1923 16th STREET NORTH	ST PETERSBURG FL 33704
REINSTATEMENT <u>2003</u>			

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 *Kay A. Flowers* **REGISTERED AGENT MUST SIGN** Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager KAY A. FLOWERS