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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

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200024179782  
10/27/03--01122--019 \*\*155.00



1. DOCUMENT # L01000002306

Name and Mailing Address

0009664 01 AT 0.292 \*\*AUTO T5 3 0615 33635-965618



ROUND UP LLC  
13918 WEST HILLSBOROUGH AVE.  
TAMPA FL 33635-9656

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/14/2001	
Principal Place of Business 13918 WEST HILLSBOROUGH AVE. TAMPA FL 33635-9656	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3670160	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name <u>Michael Kelcourse</u> Street <u>13918 W. Hillsborough Ave</u> City <u>TAMPA</u> FL <u>33635-9656</u>
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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] **REGISTERED AGENT MUST SIGN** Date 10/22/03

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	KOEPL, MARGUERITE	13918 WEST HILLSBOROUGH AVE.	TAMPA FL 33635-9656

REINSTATEMENT

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 [Signature] Date 10/19/03 Daytime Phone # 813-855-1229

Typed or printed name of signing Managing Member/Manager Marquerite L Koeppl

CR2E084 (7/03)