

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LICENSE

0100000314

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

APPROVED
AND
FILED

03 FEB -6 AM 10: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003148

Name and Mailing Address

0011067 01 FP 0.352 **PRSRT H3 0 0615 33957-430113



SANIBEL LOGIC LLC

1713 PERIWINKLE WAY, PMB 306

SANIBEL FL 33957-4301

RESTATEMENT



2. New Mailing Address SAME AS ABOVE		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/01/2001	
Principal Place of Business 446 SURFSOUND COURT SANIBEL FL 33957	3. New Principal Place of Business Address City, State, Zip SAME		6. FEI Number 651090672
			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 LIPPARD, PHILIP G 446 SURFSOUND COURT SANIBEL FL 33957		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
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 _____ Date <u>30-DEC-2002</u> _____ 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
OWNER	PHILIP LIPPARD	1713 PERIWINKLE WAY #306 (MAILING) 446 SURFSOUND CT. (STREET)	SANIBEL, FLORIDA 33957 SANIBEL FLORIDA 33957
			800009788278 01/02/03--01069--003 **150.00
			800009788278 02/06/03--01022--020 **50.00

CB2F084 (8/02)

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

Date 30-Dec-2002 Daytime Phone # 239-470-4020

Typed or printed name of signing Managing Member/Manager