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 # L01000003341

Name and Mailing Address

0004366 01 AT 0,292 ••AUTO T8 0 0615 32976-263907

8530 US HWY 1, UNIT 7 MICCO FL 32976-2639

Typed or printed name of signing Managing Member/Manager

FILED

-03 OCT 30 AM 8:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



S. Date Organizer or Gualinida 03/06/2001	2. New Mailing Address						State/Country of Formation FL		
8530 US HWY 1, UNIT 7 MICCO FL 32976 City, State, Zip City, State, Zip 7, CERTIFICATE OF STATUS BESIRED 8-00 Additional Fee require for a Courtif case of Status Besired Agent 8-10 Aument 8-10 Aument 8-10 Address of Current Registered Agent 8-10 Aument 8-10 Aument 8-10 Address of New Registered Agent 9-10 Aument 9-10 Aument	City, State, Zip						5. Date Organized or Qualified To Do Business in Florida 03/06/2001		
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name Street. Address of New Registered Agent Street. Address of New Registered Agent Street. Address of New Registered Agent Name Street. Address of New Registered Agent Name Street. Address of New Registered Agent Name Street. Address of New Registered Agent Name of Nam	8530 US HWY 1, UNIT 7 MICCO FL 32976		3. New Principal Place of Business Address			FO 0007000			
LAFORTUNE, ELIZABETH 8530 US HWY, UNIT 1 MICCO FL 32976 Street Address (P.O. Box Number is Not Acceptable) TENTIFY ACT STREET TO 10/30/03-01051-002 **150.00 City FL Zip Code 10. I, being appointed the registered agent of the above named liability company, am familiar with and accept the obligations of Chapter 608, FS. Signature of Registered Agent Lizabeth Managing Member/Manager Title(s) Name of Managing Member/Manager Managing Member/Manager Managing Member/Manager City / State / Zip MGR LAFORTUNE, ELIZABETH 1890 TUGWELL ST. SE PALM BAY FL 32809 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 rame satisfies the requirements of section 608.406, F.S. and that			City, State, Z	ip		ACCUTICATE OF OTATION DECIDED 1			
LAFORTUNE, ELIZABETH 8530 US HWY, UNIT 1 MICCO FL 32976 Street Address (P.O. Box Number is Not Acceptable) TENTIFY ACT STREET TO 10/30/03-01051-002 **150.00 City FL Zip Code 10. I, being appointed the registered agent of the above named liability company, am familiar with and accept the obligations of Chapter 608, FS. Signature of Registered Agent Lizabeth Managing Member/Manager Title(s) Name of Managing Member/Manager Managing Member/Manager Managing Member/Manager City / State / Zip MGR LAFORTUNE, ELIZABETH 1890 TUGWELL ST. SE PALM BAY FL 32809 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 rame satisfies the requirements of section 608.406, F.S. and that	8. Name and Address of Current Registered Agent					9. Name and	9. Name and Address of New Registered Agent		
10. I, being appointed the registered agent of the above names imited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Eugabet State Managing Member/Manager 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Member/Managers Name of Managing Member/Managers MGR LAFORTUNE, ELIZABETH 1680 TUGWELL ST. SE PALM BAY FL 32809 NGR LAFORTUNE, DONALD 1890 TUGWELL ST. SE PALM BAY FL 32809 12. Lertify 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 siling this reinstatement application he reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all teachers.	LAFORTUNE, ELIZABETH 8530 US HWY, UNIT 1 MICCO FL 32976				Street Address (P.C. Box Number is Not Acceptable)				
Signature of Registered Agent Cusabt Registered AGENT MUST SIGN 1. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Managing Member/Manager City / State / Zip MGR LAFORTUNE. ELIZABETH 1880 TUGWELL ST. SE PALM BAY FL 32809 MGR LAFORTUNE. DONALD 1890 TUGWELL ST. SE PALM BAY FL 32809 1. LAFORTUNE DONALD 1890 TUGWELL ST. SE PALM BAY FL 32809 1. LAFORTUNE DONALD 1890 TUGWELL ST. SE PALM BAY FL 32809					City				
Title(s) Name of Managing Members/Managers PALM BAY FL 32909 NGR LAFORTUNE, DONALD 1690 TUGWELL ST. SE PALM BAY FL 32909 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 filling this reinstatement application the reason for dissolution has been eliminated, the imitted liability company name satisfies the requirements of section 608.406, F.S., and that all feets owner by the limited liability company name satisfies the requirements of section 608.406, F.S., and that	Signature of Registered Agent & Lyobott GNATAREQUIRED Date 10/27/03								
MGR LAFORTUNE, ELIZABETH 1880 TUGWELL ST. SE PALM BAY FL 32909 MGR LAFORTUNE, DONALD 1890 TUGWELL ST. SE PALM BAY FL 32909 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company mems satisfies the requirements of section 608, 406, F.S., and that all less owed by the limited liability company mems basises the requirements of section 608, 406, F.S., and that all less owed by the limited liability company mems basises the requirements of section 608, 406, F.S., and that	11. Name:	s and Street Addresses of Each Managing	Member/Mana	ger					
MGR LAFORTUNE, DONALD 1890 TUGWELL ST. SE PALM BAY FL 32909 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 filling 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 event but the limited liability company name satisfies the requirements of section 608, 406, F.S. and that	Title(s)								
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Signature of Managing Member/Manage Line 10/27/03 Daytime Phone # (772) 664-4100	filing th all fees as if m Signature of	is reinstatement application the reason for owed by the limited liability company have lade under oath.	dissolution has I	been eliminated, the li	mited liability com on this application	pany name satisfient is true and accura	es the requirements of section 6 ate, and my signature shall have	08.406, F.S., and that the same legal effect	