1. DOCUMENT # L0100003497

Name and Mailing Address

as if made under oath.

02 OCT 25 AM 10:14

10/29



REINSTATEMENT 2009

2. New Mailing Address				1 19	4. State/Country of Formation FL		
City, State, Zip					5. Date Organized or Qualified To Do Business in Florida 03/07/2001		
659 NORTH OWL DRIVE		3. New Principal I	3. New Principal Place of Business Address		6. FEI Number Applied For Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status			
·	8. Name and Address of Curre	nt Registered Agent	Commence of the second section and advance of the second section of the section of the second section of the section of the second section of the second section of the se	9. Name ar	nd Address of New Registe	red Agent	
			Name		.5		
APPEL, GEORGE 659 NORTH OWL DRIVE SARASOTA FL 34236			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
Registered Ag	and Street Addresses of Each Manag	REGISTERED AGENT	VIUST SIGN	en anne mercanen	Date / 0/2	13/02	
Title(s)	Name of Managing			reet Address of Each aging Member/Manager City / State / Zip		State / Zip	
MGRM			659 NORTH OWL DRIVE		SARASOTA FL	34236	
				10/25	30008597 5/02 01093001	734 **150.00	
	REINSTATEMENT 26		2002				
		ewen					
	·						
filing this	hat I am managing member/manage reinstatement application the reason wed by the limited liability company h	for dissolution has been	eliminated, the limited liability of	company name sat	isfies the requirements of sec	ction 608.406, F.S., and that	