

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
J. M. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

DEC -4 AM 10:56

1. DOCUMENT # L01000004030

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006031 01 FP 0.352 **PRSR TB 0 0615 34239-510900



ANITA BOAKES, PL
3100 S.TAMiami TRAIL
SARASOTA FL 34239-5109

200009347922
12/04/02--01044--003 **150.00



2. New Mailing Address P.O. Box 3319 City, State, Zip Sarasota FL 34230		4. State/Country of Formation FL	
Principal Place of Business 3100 S.TAMiami TRAIL SARASOTA FL 34239		5. Date Organized or Qualified To Do Business in Florida 03/14/2001	
3. New Principal Place of Business Address 423 St Armands City, State, Zip Sarasota FL 34236		6. FEI Number 43-1977641 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BOAKES, KERSTIN ANITA 3100 S.TAMiami TRAIL SARASOTA FL 34239		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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: <u>Anita Boakes</u> Date: <u>11/26/02</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
MGRM	BOAKES, KERSTIN ANITA	3100 S.TAMiami TRAIL 423, ST ARMANDS CIR	SARASOTA FL 34239 34236

CR2E084 (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: Anita Boakes Date: 11/26/02 Daytime Phone: 941-957-0775
Typed or printed name of signing Managing Member/Manager: ANITA BOAKES