

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000004195

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF THE
JAMES S. GUNTER, JR.
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000004195

2002 OCT 31 AM 11:49

Name and Mailing Address

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0006485 01 FP 0.352 **PRSRT TO 0 0615 33624-697664



SUTTON ASSET MANAGEMENT LLC
5364 EHRLICH ROAD #403
TAMPA FL 33624-6976



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/15/2001	
Principal Place of Business 5364 EHRLICH ROAD #403 TAMPA FL 33624	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 46-0471330	Applied For Not Applicable
8. Name and Address of Current Registered Agent SUTTON, WILLIAM F JR 6410 MACLAURIN DR TAMPA FL 33647		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: Sutton, William F JR Street Address (P.O. Box Number is Not Acceptable): 5364 Ehrlich Road #403 City: Tampa FL Zip Code: 33624			
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: <i>William F Sutton Jr</i> Date: 10/30/02 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	William F Sutton Jr. 5364 Ehrlich Road #403 Tampa, FL 33624-6976		300008731633 10/31/02--01077--008 **150.00
REINSTATEMENT 2002			

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: *William F Sutton Jr* Date: 10/30/02 Daytime Phone #: 813 926 6215

Typed or printed name of signing Managing Member/Manager: William F Sutton JR

CR2E084 (8/02)