

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

**L01000004484**



DIVISION OF CORPORATIONS

02 NOV -4 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000004484

Name and Mailing Address

0005238 01 FP 0.352 \*\*PRSRT T6 0 0615 33758-585858



T.A.L. PROPERTIES, LLC

P.O. BOX 5858

CLEARWATER FL 33758-5858

MJM



11/4 2002

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/23/2001		<b>6. FEI Number</b> 59-374-8377	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status		<b>Applied For</b> Not Applicable	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>8. Name and Address of Current Registered Agent</b> MARQUARDT, J. MATTHEW 625 COURT STREET SUITE 625 CLEARWATER FL 33756	
<b>9. Name and Address of New Registered Agent</b> Name: TAIT LUNDQUIST Street Address (P.O. Box Number is Not Acceptable): 12902 MIA CIR City: LARGO FL Zip Code: 33785		<b>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.</b> Signature of Registered Agent: [Signature] Date: 10/25/02 REGISTERED AGENT, MUST SIGN	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LUNDQUIST, TAIT	P.O. BOX 5858	CLEARWATER FL 33758
9000008775729 11/04/02--01018--005 **150.00			

**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: [Signature] Date: 10/25/02 Daytime Phone #: 727-570-9294

Typed or printed name of signing Managing Member/Manager: TAIT LUNDQUIST

CR2E094 (8/02)