PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

as if made under oath.

Typed or printed name of signing Managing Member/Manager

Managing Member/Manage

Signature of

Name and Mailing Address

L01000004598

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SECRETATY OF STATE TALLAHASSEE FLORIDA

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	,					141.
2. New Mailing Address				State/Country of Formation FL		
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 03/19/2001		
Principal Place of Business 1002 62ND ST. S. GULFPORT FL 33707		3. New Principal Place of Business Address		6. FEI Number 06-1719569 Applied For APPLIED FOR Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent			
MCCORMICK, GEORGE L			Name			
1002 62ND ST. S. GULFPORT FL 33707				iress (P.O. Box Number is Not Acceptable)		
			City FL zip Code			Zip Code
10. I, being appointed the registered agent of the bove time limits in little company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent						4
			eet Address of Each ging Member/Manager City / State / Zip			
MGRM	ivembers/wariagers ivianat				GULFPORT FL 33707	
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		· · ·	EMST	ATEMENT	2003-	2004
12. certify	y that I am managing member/manager o	r the receiver or trustee empowered	to execute this app	Dication as provided for in c	chapter 608, F.S. I fur	ther 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 the same legal effect						

Mr Bringel