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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000005088

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

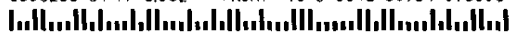
1. DOCUMENT # L01000005088

Name and Mailing Address

03 JUN 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005286 01 FP 0,352 **PRSR T6 D 0615 33764-670305



SHELDON OF ARCADIA 3, L.L.C.
16405 US HWY. 19 NORTH
CLEARWATER FL 33764-6703



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/03/2001	
Principal Place of Business 16405 US HWY. 19 NORTH CLEARWATER FL 33764	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent PATEL, RAJINDRA K 775 MAINSAIL DR. TAMPA FL 33602		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: <i>[Signature]</i> Date: _____ 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	PATEL, RAJINDRA K	775 MAINSAIL DR.	TAMPA FL 33802
		800021171768 06/27/03--01017--006 **200.00	
		REINSTATEMENT 02-03 dee	
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: <i>[Signature]</i> Date: 06/24/03 Daytime Phone #: 727-535-0505 Typed or printed name of signing Managing Member/Manager: _____			

CR2EC84 (8/02)