

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

DIVISION OF CORPORATIONS

L01000005348

1. DOCUMENT # L01000005348

Name and Mailing Address

03 APR 15 AM 10:24

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CLARK ROAD EXECUTIVE SUITES, LLC
2831 RINGLING BOULEVARD, SUITE 213 D
SARASOTA FL 34237-5352

FSO 245 6934



REINSTATEMENT 2002-2003

2. New Mailing Address 3947 Clark Road City, State, Zip Sarasota, FL 34233		4. State/Country of Formation FL	
Principal Place of Business 2831 RINGLING BOULEVARD, SUITE 213 D SARASOTA FL 34237		5. Date Organized or Qualified To Do Business in Florida 04/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1092536	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent SHEPHERD, DAVID M 2831 RINGLING BOULEVARD, SUITE 213 D SARASOTA FL 34237		9. Name and Address of New Registered Agent Name David M. Shepherd Street Address (P.O. Box Number is Not Acceptable) 3947 Clark Road City Sarasota FL Zip Code 34233	
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 [Signature] Date 2/18/03 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
MGR	SHEPHERD, DEVON D	2831 RINGLING BOULEVARD, SUITE 213D	SARASOTA FL 34237
MGR	SHEPHERD, DAVID M	2831 RINGLING BOULEVARD, SUITE 213D	SARASOTA FL 34237
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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 2/18/03 Daytime Phone # (941) 951-1480

Typed or printed name of signing Member/Manager Devon D. Shepherd