PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



1. DOCUMENT #

L01000005383

Name and Mailing Address

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SECRETARY OF STATE
TAELAHASSEEF FLORIDA

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Principal Place of Business 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 Registered Agent Total ORLANDO FL 32837 Registered Agent WEST, CHAD A 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 City Total ORLANDO FL 32837 Registered Agent 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 Registered Agent 11. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Manager 12445 S. ORANGE BLSSOM TRAIL ORLANDO FL ORLANDO FL ORLANDO FL ORLANDO FL ORLANDO FL ORLANDO FL	Applied For Not Applicable
City: State, Zip S - Date Organized or Qualified To Do Business in Florida O4/O	Applied For Not Applicable
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12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 City, State, Zip 7. CERTIFICATE OF STATUS DESIRED 55.00 Additor a Cert 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent WEST, CHAD A 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 City FL Zip 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 Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Manager Name of Managing Member/Manager Name of Managing Member/Manager 12445 S. ORANGE 8LSSOM TRAIL ORLANDO FL ORLANDO FL ORLANDO FL	Not Applicable
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8. Name and Address of Current Registered Agent WEST, CHAD A 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 City FL Zip 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 Name and Street Addresses of Each Managing Member/Manager 11. Names and Street Addresses of Each Managing Member/Manager Name of Managing Member/Manager Street Address of Each Managing Member/Manager City / State / Zip MGRM WEST, CHAD A 12445 S. DRANGE BLSSOM TRAIL ORLANDO FL	
8. Name and Address of Current Registered Agent WEST, CHAD A 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 City FL Zit City FL Zit Title(s) Name of Managing Members/Manager MeRM WEST, CHAD A 12445 S. ORANGE BLSSOM TRAIL ORLANDO FL ORLANDO FL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Date 2-7-6-3 City FL Zit Address of Chapter 608, F.S. Signature of Registered Agent Name of Managing Member/Manager Title(s) Name of Managing Members/Manager MeRM WEST, CHAD A 12445 S. ORANGE BLSSOM TRAIL ORLANDO FL	
WEST, CHAD A 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837 City FL Zir Title(s) Name Street Address (P.O. Box Number is Not Acceptable) City FL Zir City FL Zir Title(s) Name of Managing Members/Manager Mersh M	
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Signature of Registered Agent	
Title(s) Name of Managing Members/Managers Name of Managing Members/Manager Street Address of Each Managing Member/Manager City / State / Zip MGRM WEST, CHAD A 12445 S. DRANGE BLSSOM TRAIL ORLANDO FL	Vac. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17
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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 of filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.400 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 satisfies and my signature shall have the satisfies the requirements.	ertify that when
Signature of Managing Member/Manager/s/ CHAD_A. WEST Date Daytime Phone #	6, F.S., and that ame legal effect