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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPROVED AND FILED

03 OCT 22 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005481  
Name and Mailing Address

0002973 01 AT 0.292 \*\*AUTO T3 0 0615 32751-724300



R. LAWRENCE HEINKEL, L.L.C.  
101 SOUTHHALL LANE  
SUITE 400  
MAITLAND FL 32751-7243



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/09/2001	
Principal Place of Business 101 SOUTHHALL LANE SUITE 400 MAITLAND FL 32751	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3750976	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HEINKEL, R. LAWRENCE ESQ. 101 SOUTHHALL LANE SUITE 400 MAITLAND FL 32751	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* **SIGNATURE REQUIRED** Date 10/17/03  
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	HEINKEL, R. LAWRENCE	101 SOUTHHALL LANE, STE. 400	MAITLAND FL 32751

700024014497  
10/22/03--01053--006 \*\*150.00  
*[Signature]*  
**REINSTATEMENT** *[Signature]*

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]* **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 321-303-3731  
Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E084 (7/03)