

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000005947

FILED

02 DEC 13 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005947

Name and Mailing Address

0009803 01 FP 0.352 **PRSRT H4 0 0615 32952-585350



PINE RIDGE PLAZA, L.L.C.
650 WYLIE COURT
MERRITT ISLAND FL 32952-5853



2. New Mailing Address 650 Wylie Ct. City, State, Zip: Merritt Is, FL 32952-5853		4. State/Country of Formation FL	
3. New Principal Place of Business Address 650 Wylie Ct. City, State, Zip: Merritt Is, FL 32953		5. Date Organized or Qualified To Do Business in Florida 04/13/2001	
Principal Place of Business 650 WYLIE COURT MERRITT ISLAND FL 32953		6. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent LACOURT, ANTHONY G 650 WYLIE COURT MERRITT ISLAND FL 32953		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: <u>Anthony G. Lacourt</u> Date: <u>12-01-02</u> 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	LACOURT, ANTHONY G	650 WYLIE COURT 650 Wylie Ct.	MERRITT ISLAND FL 32953
MGR	LACOURT, KATHY L	650 WYLIE COURT 650 Wylie Ct.	MERRITT ISLAND FL 32953
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REINSTATEMENT 2002			

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

Anthony G. Lacourt

Date

12-1-02

Daytime Phone #

321-480-3228

Typed or printed name of signing Managing Member/Manager