

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 10 PM 4:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006321

Name and Mailing Address

0013752 01 AT 0.292 **AUTO HO 1 0615 34684-411948



SPEECH CLASS, LLC
2648 KAVALIER DRIVE
PALM HARBOR FL 34684-4119

600025038496
11/25/03--01050--024 **50.00



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|---|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 04/24/2001 | |
| Principal Place of Business 2648 KAVALIER DRIVE PALM HARBOR FL 34684 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 59-3721544 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent REINHOLZ, COURTNEY 2648 KAVALIER DR PALM HARBOR FL 34684 | | 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>Courtney Reinholz</u> Date <u>10/23/2003</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 |
| P | REINHOLZ, COURTNEY | 2648 KAVALIER DR | PALM HARBOR FL 34684 |
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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 Courtney Reinholz Date 10/23/2003 Daytime Phone # (727) 787-5174

Typed or printed name of signing Managing Member/Manager Courtney Reinholz

CR2E034 (7/03)

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October 23, 2003
FILED
2003 NOV 10 PM 4:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

From: Courtney Reinholz
Speech Class, LLC
2648 Kavalier Drive
Palm Harbor, FL 34684

To: Division of Corporations
Registration Section
PO Box 6327
Tallahassee, Florida 32314

To Whom it May Concern,

I received a Certificate of Administrative Dissolution and Revocation on October 16, 2003. I was surprised to receive such a notice because I never received any previous mailings requesting information for my LLC. I am a new business owner and very careful to follow through on paperwork and business reports. I spoke to a woman in your office who told me to complete the attached form, send a check for \$50.00 and attach this letter stating that I never received any previous notices requesting payment. Thank you for your prompt attention in reinstating my LLC.

Thank you,

Courtney Reinholz

Courtney Reinholz
Speech Class, LLC
