

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002 NOV 26 PM 12:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006965

Name and Mailing Address

0009454 01 FP 0.352 \*\*PRSRT H2 0 0615 32312-513230



THE CARLYLE, L.C.  
8511 BULL HEADLEY RD., STE. 105  
TALLAHASSEE FL 32312-5132



CR2E084 (8/02)

2. New Mailing Address

1580 BANNERMAN ROAD, SUITE 2

City, State, Zip

TALLAHASSEE, FLORIDA 32312

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/03/2001

Principal Place of Business

8511 BULL HEADLEY RD., STE. 105  
TALLAHASSEE FL 32312

3. New Principal Place of Business Address

1580 BANNERMAN RD, STE 2

City, State, Zip

TALLAHASSEE, FL 32312

6. FEI Number

59-3731741

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

MALONEY, ROBERT E JR ESQ  
8511 BULL HEADLEY RD., STE. 105  
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name ROBERT E. MALONEY, JR., ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1580 BANNERMAN ROAD, SUITE 2

City TALLAHASSEE

FL

Zip Code 32312

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

*Robert E. Maloney, Jr.*

Date 11/18/02

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
MEM	ROWE, RUBEN R III	P.O. BOX 38118	TALLAHASSEE FL 32315
MEM	CONNER, MARK A	1445 VIEUX CARRE	TALLAHASSEE FL 32308

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11/26/02--01084--0008 \*\*150.00

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

*Mark A. Conner*

Date 11/15/02

Daytime Phone # 850-544-6157

Typed or printed name of signing Managing Member/Manager

MARK A. CONNER