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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L01000007109

Name and Mailing Address

0001093 01 AT 0.292 **AUTO T6 1 0615 32043-344408



SOCADA, LLC
408 WALNUT STREET
GREEN COVE SPRINGS FL 32043-3444



US

2. New Mailing Address <i>N/A</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/30/2001	
Principal Place of Business 408 WALNUT STREET GREEN COVE SPRINGS FL 32043 US	3. New Principal Place of Business Address <i>N/A</i> City, State, Zip	6. FEI Number 59-3714880	Applied For Not Applicable
8. Name and Address of Current Registered Agent HEWITT, TIMOTHY J 3079 ANDERSON ROAD GREEN COVE SPRINGS FL 32043		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 <i>Timothy J. Hewitt</i> Street Address (P.O. Box Number is Not Acceptable) <i>1724 Colonial Drive</i> City <i>Green Cove Springs</i> FL Zip <i>32043</i>			
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 <i>[Signature]</i>		Date <i>12-10-03</i>	
SIGNATURE REQUIRED 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
MGRM	HEWITT, TIMOTHY J	3079 ANDERSON RD	GREEN COVE SPRINGS FL 32043
			200025453722 12/31/03--01071--012 **50.00
			200025453722 12/12/03--01013--020 **100.00
			REINSTATEMENT <i>03</i> <i>dec</i>

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 REQUIRED

Date *12-10-03*

Daytime Phone # *904-284-2036*

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)