

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007463

Name and Mailing Address

0009737 01 AT 0.292 **AUTO T5 3 0615 33687-065656
SAFE HAVEN PROPERTY INVESTORS, LLC
P.O. BOX 290656
TAMPA FL 33687-0656



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/11/2001	
Principal Place of Business 725 ARGYLE PLACE TEMPLE TERRACE FL 33617	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3719326	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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] **REGISTERED AGENT MUST SIGN** Date _____

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	DENT, JAMES L	P.O. BOX 290656	TAMPA FL 33687-0856
MGR	MALVEAUX DENT, WILLIE	P.O. BOX 290656	TAMPA FL 33687-0856
REINSTATEMENT 03 700025610447 12/18/03--01063--004 **155.00			

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] **REGISTERED AGENT MUST SIGN** Date 15 Dec 2003 Phone # 813-220-5986

Typed or printed name of signing Managing Member/Manager