

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

APPLICATION FOR REINSTATEMENT
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000007586

Name and Mailing Address

0004924 01 FP 0.352 **PRSR T5 0 0615 33611-411129

CSA, LLC

5329 BAYSHORE BLVD.
 TAMPA FL 33611-4111

03 JUL -9 PM 1:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/14/2001	
Principal Place of Business 5329 BAYSHORE BLVD. TAMPA FL 33612	3. New Principal Place of Business Address 2012 E. Fletcher Ave City, State, Zip Tampa, FL 33612	6. FEI Number 59-3739451	Applied For Not Applicable
8. Name and Address of Current Registered Agent LEWIS & WHITE, L. C. 222 WEST GEORGIA STREET TALLAHASSEE FL 32301		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 Charles Allen III Street Address (P.O. Box Number is Not Acceptable) 2012 E. Fletcher Ave City Tampa FL Zip Code 33612			
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>Charles Allen III</u> Date <u>7-7-03</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	WHITE MARLOW V <u>Delete</u>	222 WEST GEORGIA STREET	TALLAHASSEE FL 32301
MGR	Allen III, Charles	2012 E. Fletcher Ave	Tampa, FL 33612
			600021020556 06/19/03--01070--004 **100.00
			600021020556 06/19/03--01070--005 **50.00
			600021020556 06/19/03--01070--006 **50.00
REINSTATEMENT <u>2002-2003</u>			
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 <u>Charles Allen III</u> Date <u>6-3-03</u> Daytime Phone # <u>813 977-6010</u> Typed or printed name of signing Managing Member/Manager <u>Charles A Allen III</u>			

CR2E084 (8/02)