

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FOR THE FLORIDA DEPARTMENT OF STATE

John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000008108**

**FILED**

1. DOCUMENT # L01000008108  
Name and Mailing Address

2002 OCT 31 AM 11:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

0010782 01 FP 0.352 \*\*PRSRTH 0 0615 34994-305926  
WILLOUGHBY CROSSROADS, LLC  
815 COLORADO AVENUE, SUITE 101  
STUART FL 34994-3059



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>3. New Principal Place of Business Address</b> Principal Place of Business 815 COLORADO AVENUE, SUITE 101 STUART FL 34994 City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/18/2001	
<b>6. FEI Number</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> MORGAN, JAMES C 815 COLORADO AVENUE, SUITE 101 STUART FL 34994		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>10.</b> 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: 10-23-02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MORGAN, JAMES C	815 COLORADO AVENUE, SUITE 101	STUART FL 34994
		900008732099 10/31/02--01093--007 **155.00	
<b>REINSTATEMENT 2002</b>			

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]* Date: 10-23-02 Daytime Phone #: 774/286-6292  
Typed or printed name of signing Managing Member/Manager: JAMES C MORGAN

CR2E084 (8/02)