

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000008280

Name and Mailing Address

0007487 01 FP 0.352 **PRSRT T3 0 0615 32789-425699



GEORGETOWN ENTERPRISES, LLC
558 WEST NEW ENGLAND AVE., STE. 240
WINTER PARK FL 32789-4256

FILED

2002 NOV -6 PM 1:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 558 WEST NEW ENGLAND AVE., STE. 240 WINTER PARK FL 32789 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/24/2001	
6. FEI Number		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent WHITE, ROBERT B JR. ESQ 558 WEST NEW ENGLAND AVE., STE. 240 WINTER PARK FL 32789		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 300008831963 11/06/02-01030-011-00 FL Zip Code	
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>Robert B. White</i> Date 11-30-2002 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	GEORGETOWN ENTERPRISES, INC.	79 WEST ILLIANA ST.	ORLANDO FL 32814
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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

SOBERING, WHITE & LUCZAK, P.A.
ATTORNEYS AT LAW

558 WEST NEW ENGLAND AVENUE
SUITE 240
WINTER PARK, FLORIDA 32789

M. BRADLEY LUCZAK
ROBERT B. WHITE, JR.

TELEPHONE (407) 647-9300
TELECOPIER (407) 647-9336

BARRY J. SOBERING
OF COUNSEL

October 30, 2002

FILED
2002 NOV -6 PM 1:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: **GEORGETOWN ENTERPRISES, LLC**
APPLICATION FOR REINSTATEMENT
Our File No: 908-1

Dear Sir/Madam:

Enclosed is an Application for Reinstatement of the above referenced corporation together with our firm's check in the amount of \$150.00 for the fee.

We look forward to receipt of notice that the corporation has been reinstated as active and current.

Very truly yours,



Marilyne Peterson, Legal Assistant to
Robert B. White, Jr.

Encls.