

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -8 AM 10:18

11/18

1. DOCUMENT # L01000008607

Name and Mailing Address

0006418 01 FP 0.352 **PRSR TO 0 0615 33558-282608



ADAPTIVE BUSINESS CONSULTING LLC
5408 AVENUE SIMONE
LUTZ FL 33558-2828



REINSTATEMENT 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5408 AVENUE SIMONE LUTZ FL 33549		5. Date Organized or Qualified To Do Business in Florida 05/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3723619	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name 900008896849 Street Address (P.O. Box 1109/32-01118-004 **150.00 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] Date 11/5/02

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	RUNG, PETER	5408 AVENUE SIMONE	LUTZ FL 33548 88558

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 10-30-02 Daytime Phone # 813 948 8180

Typed or printed name of signing Managing Member/Manager PETER RUNG