

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



L01000008873

DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000008873

Name and Mailing Address

0009037 01 FP 0.352 **PRST HO 0 0615 32114-430608



RICHARD D. ZASADA, L.L.C.
208 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114-4306

02 OCT 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/21/02

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/01/2001

Principal Place of Business

208 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

RICHARD, ZASADA
191 WHITE FAWN DRIVE
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

672 WELLINGTON STATION BLVD.

City

ORMOND BEACH

FL

Zip Code

32174

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

Date 10.21.02

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
MGRM	RICHARD, ZASADA	208 MAGNOLIA AVENUE	DAYTONA BEACH FL 32114

9000008606289

10/28/02--01043--004 **150.00

REINSTATEMENT 2002

AK

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

10.21.02

Daytime Phone #

386.248.1440

Typed or printed name of signing Managing Member/Manager