

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY  
L01000008873  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008873

Name and Mailing Address

0001260 01 AT 0.292 \*\*AUTO T7 1 0615 32114-430608



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



CR2E084 (7/03)

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|--|--|--|--|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>FL                                    |  |
| City, State, Zip   |  | 5. Date Organized or Qualified To Do Business in Florida<br>06/01/2001 |  |
| Principal Place of Business<br>208 MAGNOLIA AVENUE<br>DAYTONA BEACH FL 32114 | 3. New Principal Place of Business Address | 6. FEI Number<br>APPLIED FOR   | Applied For<br>Not Applicable                              |
|  | City, State, Zip                           | 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<br>RICHARD, ZASADA<br>191 WHITE FAWN DRIVE<br>DAYTONA BEACH FL 32114 | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>200023973292<br>10/21/03--01082--005 **150.00<br>City 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 SIGNATURE REQUIRED Date 10-16-03

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 |
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REINSTATEMENT 03  
dcs

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 REQUIRED Date 10/16/03 Daytime Phone # 386-248-1440

Typed or printed name of signing Managing Member/Manager