

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

2003 NOV 17 AM 8:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009103

Name and Mailing Address

0015267 01 MB 0.309 \*\*AUTO T7 0 0615 03865-175858



HAMPSHIRE PARTNERS, LLC  
% DONALD C. WHITE  
PO BOX 1758  
PLAISTOW NY 03865-1758

000024001410  
12/03/03--01064--030 \*\*50.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/04/2001	
Principal Place of Business % DONALD C. WHITE PO BOX 1758 PLAISTOW NY 03865	3. New Principal Place of Business Address	6. FEI Number 02-0527177	Applied For 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	9. Name and Address of New Registered Agent	
DANIELS, STEVEN L 433 PLAZA REAL, SUITE 275 ARNSTEIN & LEHR BOCA RATON FL 33432	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

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 21/10/03

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	WHITE, DONALD C	<del>1 CHANDLER DRIVE</del> P.O. Box 1758	<del>ATKINSON NH 03811</del> Plaistow NH 03865
			000024001410 10/22/03--01013--001 **100.00
			REINSTATEMENT 2003

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 10-18-2003 Daytime Phone # 603-382-4425

Typed or printed name of signing Managing Member/Manager

DONALD C. WHITE

CR2F084 (7/03)