

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

03 JAN -8 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009330

Name and Mailing Address

0009841 01 FP 0.352 **PRSRT H4 0 0615 32963-302625



THE SOMMERFELD GROUP, L.L.C.

1025 REEF RD.

VERO BEACH FL 32963-3026

200009949862
01/08/03--01034--015 **200.00



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
1025 REEF RD. VERO BEACH FL 32962		06/12/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
SOMMERFELD, DAVID 1025 REEF RD. VERO BEACH FL 32963		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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		Date 12-30-2002	
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
MGRM	DAVID SOMMERFELD	1025 REEF RD	VERO BEACH, FLORIDA 32963

CR2E084 (8/02)

REINSTATEMENT 2002-2003

JB

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 12/30/2002 Daytime Phone # 772-492-0005

Typed or printed name of signing Managing Member/Manager