

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 11 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



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

1. DOCUMENT # L01000009696

Name and Mailing Address

0004424 01 FP 0.352 \*\*PRSR T4 0 0615 33436-881853  
PERSIMMON CONSULTING, L.L.C.  
7853 MANOR FOREST LANE  
BOYNTON BEACH FL 33436-8818



2. New Mailing Address <b>10103 Woodson Way</b> City, State, Zip: <b>Tampa FL 33618</b>		4. State/Country of Formation <b>FL</b>	
Principal Place of Business <b>7853 MANOR FOREST LANE BOYNTON BEACH FL 33436</b>		5. Date Organized or Qualified To Do Business in Florida <b>06/18/2001</b>	
3. New Principal Place of Business Address <b>10103 Woodson Way</b> City, State, Zip: <b>Tampa, FL 33618</b>		6. FEI Number <b>651112841</b>	
		Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent <b>KENNY, MICHAEL P 7853 MANOR FOREST LANE BOYNTON BEACH FL 33436</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: <b>Michael P. Kenny</b> Street Address (P.O. Box Number is Not Acceptable): <b>10103 Woodson Way</b> City: <b>Tampa</b> FL Zip Code: <b>33618</b>	
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: <u>Michael P. Kenny</u> Date: <u>12/11/02</u> 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	KENNY, MICHAEL P	<del>7853 MANOR FOREST LANE</del> <b>10103 Woodson Way</b>	<del>BOYNTON BEACH FL 33436</del> <b>Tampa, FL 33618</b>
		<b>400009472484</b>	<b>12/11/02--01063--002 **100.00</b>
			<b>400008519604</b>
			<b>10/22/02 01071 015 \$50.00</b>
			<b>REINSTATEMENT</b>

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

Michael P. Kenny

Date

12/11/02

Daytime Phone #

8139328770

Typed or printed name of signing Managing Member/Manager

Michael P. Kenny

CR2E684 (8/02)