

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000009913
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State

FILED

02 NOV -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009913

Name and Mailing Address

0011704 01 SP 0.370 **SNGLP

0615 34683

PHOENIX REFRACTORY, L.L.C.
2454 INDIAN HARBOR TRAILS EAST
PALM HARBOR FL 34683



2. New Mailing Address 4740 126 th Ave N Suite M Clearwater, FL 33762 City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2454 INDIAN HARBOR TRAILS EAST PALM HARBOR FL 34683		5. Date Organized or Qualified To Do Business in Florida 06/20/2001	
3. New Principal Place of Business Address 4740 126 th Ave N Suite M Clearwater, FL 33762 City, State, Zip		6. FEI Number 59-371 9368 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GEPP, DEANNA L 2454 INDIAN HARBOR TRAILS EAST PALM HARBOR FL 34683		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: Gepp, Deanna L Street Address: 4740 126 th Ave N (acceptable) Suite M Clearwater, FL 33762 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: <i>Deanna L Gepp</i> Date: <i>Oct, 25, 02</i> 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
Mr.	Vincent Gepp	4740 126 th AVE N STE M	Clearwater, FL 33762
		4000008802824 11/05/02--01039--001 **150.00	
		REINSTATEMENT	

CR2E084 (8/02)

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 *Nov 1, 02*

Daytime Phone # *727-571-1430*

Typed or printed name of signing Managing Member/Manager