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PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LO1000009981

APPLICATION FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009981

Name and Mailing Address

0001207 01 AT 0.292 **AUTO T6 3 0615 32084-442850

BIZWARE, LLC

24 CATHEDRAL PLACE, STE. 600
ST AUGUSTINE FL 32084-4428



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/18/2001	
Principal Place of Business 24 CATHEDRAL PLACE, STE. 600 ST AUGUSTINE FL 32084	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3723980	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SMITH, D. JACKSON 3029 S. A1A PONTE VEDRA BEACH FL 32082	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City FL Zip Code
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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 *D. Jackson Smith* **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
P	SMITH, JACK	3029 S A1A	PONTE VEDRA BEACH FL 32082
CEO	KRUMMENHARTER, KARL	#3 BITTERSWEET LANE 347 PINE BEND	ST LOUIS MO 63183 CHESTERFIELD, MO. 63005

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 *D. Jackson Smith* **SIGNATURE REQUIRED** Date 10/16/03 Daytime Phone # 888-89-3821 EXT. 1.

Typed or printed name of signing Managing Member/Manager D. JACKSON SMITH

CR2E084 (7/03)