APPLI A ON F R REINST F JIENT



DIV TOP CONTRACTIONS

02 NOV -4 PM 12 09

1. DOCUMENT #

NT # L01000010055

Name and Mailing Address

0005693 01 FP 0.352 **PRSRT T7 0 0615 34145-584081 Influential Inf



2. New Mailing Address	- (4)	4. State/Con	untry of Formation	
City State, Zip	L 34143	✓ - 5 Date Org	anized or Qualified	06/21/2001
1381 CUTLER CT.	New Principal Place of Busine O Political Visitate, Zip	<u>C</u> 43-1	956703 TE OF STATUS DESIDED \$5.00	Applied For Not Applicable Additional Fee required a Certificate of Status
8. Name and Address of Current Regis	tered Agent	9. Name and	Address of New Registered Ag	ent
WILKINS, PATRICK J 1381 CUTLER CT. MARCO ISLAND FL 34145		Name Street Address (P.O. Box Number is Not Acceptable) 11/04/0201093024 **150.00		
	İ	City	FL	Zip Code
10. I, being appointed the registered age of the above of Registered Agent REGISTI 11. Names and Street Addresses of Each Managing Memi	RED AGENT MUST SIGN	The same and accept the ou	Date	-02
Title(c) Name of Managing Stree		et Address of Each		
Members/Managers Mana		ing Member/Manager	City / State / Zip	
REINSTATEVIEN	1000 F	allit ch.	Marcolilan	D,FL 34149
			\	
12. I certify that I am managing member/manager or the re filling this reinstatement application the reason for dissolt all fees owed by the limited liability company have been as if made under oath.	ceiver or trustee empowered to tion has been eliminated, the lin yaid. The information indicated	o execute this application as provio nited liability company name satisfi on this application is true and accur	led for in chapter 608, F.S. I furthes the requirements of section 608 ate, and my signature shall have	ner certify that when 3.406, F.S., and that the same legal effect

Typed or printed name of signing Managing Mombo/Monages

Signature of

Managing Member/Manager