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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

L01000010554

FILED
02 DEC 17 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010554

Name and Mailing Address

0000753 01 FP 0.352 **PRSRT T3 0 0615 32803-546375

AUGUSTINE & NAIL, P.L.
301 N. FERNCREEK AVENUE
SUITE C
ORLANDO FL 32803-5463

CR2E084 (8/02)

2. New Mailing Address
PMB #407, 145 S. Orlando Ave., Suite 8
City, State, Zip
Maitland, FL 32751

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/28/2001

Principal Place of Business
301 N. FERNCREEK AVENUE
SUITE C
ORLANDO FL 32803

3. New Principal Place of Business Address
1591 Chippewa Trail
City, State, Zip
Maitland FL 32751

6. FEI Number
59-3726349
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

NAIL, G. DOUGLAS
301 N. FERNCREEK AVENUE
SUITE C
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name: Lovelle Augustine
Street Address (P.O. Box Number is Not Acceptable)
1591 Chippewa Trail
City: Maitland FL Zip Code: 32751

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: Lovelle Augustine and [illegible] Date: 11/11/02
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
		200009019242 11/15/02--01020--014 **150.00	
Partner	Philip R. Augustine, MGRM	1591 Chippewa Trail	Maitland, FL 32751
Partner	G. Douglas Nail, MGRM	1413 Harbin Drive	Kissimmee, FL 34744
Escrow Agent	Lovelle Augustine, MGRM	1591 Chippewa Trail	Maitland, FL 32751

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: [illegible] and Lovelle Augustine 10/30/02 Daytime Phone # 407-628-0178

Typed or printed name of signing Managing Member/Manager: G. Douglas Nail and Lovelle Augustine