

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L01000010615



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000010615  
Name and Mailing Address

02 NOV 12 AM 9:22

0000909 01 FP 0.352 \*\*PRSR T3 0 0615 32819-419672  
LATAGLE INSPIRATIONS, L.L.C.  
8572 SHADY GLEN DR.  
ORLANDO FL 32819-4196

11/14

REINSTATEMENT 2002



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 8572 SHADY GLEN DR. ORLANDO FL 32819		<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/29/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3729145 Applied For Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> TAGLE, KATHLEEN 8572 SHADY GLEN DR. ORLANDO FL 32819		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<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.</b> Signature of Registered Agent <u>Kathleen Tagle</u> Date <u>11/5/02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Kathleen Tagle	8572 Shady Glen Dr.	Orlando, FL 32819
Mgr	Rochelle LaMontagne	5214 Hillview Lane	Orlando, FL 32819
			600008943236 11/12/02--01127--010 **155.00
REINSTATEMENT 2002			

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**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 Kathleen Tagle Date 11/5/02 Daytime Phone # 407-351-6880  
Typed or printed name of signing Managing Member/Manager