

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 12:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010766

Name and Mailing Address

0004214 01 AT 0.292 **AUTO T8 0 0615 32950-315575
MALABAR PROFESSIONAL PLAZA, LC
775 MALABAR ROAD
MALABAR FL 32950-3155

800025201718
12/01/03--01006--016 **150.00



2. New Mailing Address

2635 Smith Lane

City, State, Zip

Malabar, FL 32950

Principal Place of Business

775 MALABAR ROAD
MALABAR FL 32950

3. New Principal Place of Business Address

2635 Smith Lane

City, State, Zip

Malabar, FL 32950

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/03/2001

6. FEI Number

59-3729853

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

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

John R. Kancilia, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1800 West Hibiscus Boulevard, Suite 138

City

Melbourne

FL

Zip Code
32901

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-12-02

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
MGR	LEADY, DORIS M	775 MALABAR ROAD	MALABAR FL 32950
MGR	Doris Leedy	2635 Smith Lane	Malabar, FL 32950
MGR	Charles Leedy	2635 Smith Lane	Malabar, FL 32950

REINSTATEMENT 2003

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

Doris Leedy

Date

11/00/03

Daytime Phone #

321-122-8435

Typed or printed name of signing Managing Member/Manager