

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 DIVISION OF CORPORATIONS

**L01000011013**

FILED

1. DOCUMENT # L01000011013  
 Name and Mailing Address

04 JAN -5 AM 11:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

0002927 01 AT 0.292 \*\*AUTO T3 0 0615 32750-625799  
 FOREST RIDGE PARTNERS, LC  
 1399 WEST STATE ROAD 434  
 LONGWOOD FL 32750-6257



2. New Mailing Address <i>115 N. Maitland Avenue</i>		4. State/Country of Formation FL	
City, State, Zip <i>Altamonte Springs, Florida 32701</i>		5. Date Organized or Qualified To Do Business in Florida 07/05/2001	
Principal Place of Business 1399 WEST STATE ROAD 434 LONGWOOD FL 32750	3. New Principal Place of Business Address <i>115 N. Maitland Ave.</i>		6. FEI Number 59-3726785
City, State, Zip <i>Altamonte Springs, FL 32701</i>		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  Walker & Tudhope, P.A. 1053 Maitland Center Commons Blvd. 2 <sup>nd</sup> Floor Maitland, FL 32751		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* **SIGNATURE REQUIRED** Date *12/30/03*  
 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
MGR	GUARDIAN EQUITIES, INC.	1775 BROADWAY, 23RD FLOOR	NEW YORK NY 10018

*Mgr Michael E Murray 115 N. Maitland Avenue Altamonte Springs, FL 32701*

800024820678  
 11/19/03--01005--014 \*\*150.00

**REINSTATEMENT**  
 2003  
 M THOMAS

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 *Michael E Murray* Date *11/19/03* Daytime Phone #  
 Typed or printed name of signing Managing Member/Manager

CR2E(034 (7/03)