


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS

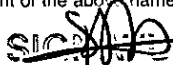
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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1. **DOCUMENT #** L01000011209  
**Name and Mailing Address**

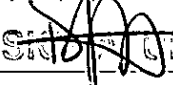
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TRALFAZ STATION, LLC  
13380 BEDFORD MEWS CT.  
WELLINGTON FL 33414-7703



<b>2. New Mailing Address</b>		<b>4. State/Country of Formation</b> FL	
City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/09/2001	
<b>Principal Place of Business</b> 13380 BEDFORD MEWS CT. WELLINGTON FL 33414	<b>3. New Principal Place of Business Address</b>	<b>6. FEI Number</b> 22-3608670	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
	City, State, Zip	<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>  HULSE, DENNIS 13380 BEDFORD MEWS CT. WELLINGTON FL 33414		<b>9. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 700024577307 11/12/03--01004--003 **150.00 City <b>FL</b> 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></u> <b>SIGNATURE REQUIRED</b> Date <u>11/5/03</u> <b>REGISTERED AGENT MUST SIGN</b>			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
<b>Title(s)</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
MGR	HULSE, DENNIS J MGR	13380 BEDFORD MEWS COURT	WELLINGTON FL 33414

**REINSTATEMENT** 03  
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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  **SIGNATURE REQUIRED** Date 11/5/03 Daytime Phone # 917-359-8374

Typed or printed name of signing Managing Member/Manager DENNIS HULSE