


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
03 NOV 21 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L01000011473

Name and Mailing Address

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RICHARD JAMES, LLC
188 MT. HOPE AVENUE
ROCHESTER NY 14620-1132



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 188 MT. HOPE AVENUE ROCHESTER NY 14620		5. Date Organized or Qualified To Do Business in Florida 07/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 06-1626853	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 GOLDSTEIN, PAUL 14541 SHERBROOK PLACE FORT MYERS FL 33912	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 REQUIRED** Date 11/18/03

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
P	GIANFORTI, SR, JAMES	188 MT HOPE AVENUE	ROCHESTER NY 14620
P	GIANFORTI, SR, RICHARD C	188 MT HOPE AVENUE	ROCHESTER NY 14620
REINSTATEMENT 2003			
		000024923380 11721703-01033-008 **150.00	
BK			

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 11/18/03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)