

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

02 NOV 18 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009043046
11/18/02--01015--001 **150.00

1. DOCUMENT # L01000011537

Name and Mailing Address

0010665 01 FP 0.352 **PRSRT H9 0 0615 34787-353530
VMS STRUCTURE BUILDERS, L.L.C.
530 SOUTH MAIN ST.
WINTER GARDEN FL 34787-3535

10/4/02



2. New Mailing Address 232 SOUTH DILLARD STREET City, State, Zip WINTER GARDEN FL 34787		4. State/Country of Formation FL	
Principal Place of Business 530 SOUTH MAIN ST. WINTER GARDEN FL 34787		3. New Principal Place of Business Address 232 South Dillard St. City, State, Zip Winter Garden FL 34787	5. Date Organized or Qualified To Do Business in Florida 07/16/2001
		6. FEI Number 59-3735749	Applied For Not Applicable
8. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN, P.A. C/O JEFFREY P. MILHAUSEN, ESQ. 2699 LEE RD., STE. 120 WINTER PARK FL 32789		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: STEVEN A. DELISLE Street Address (P.O. Box Number is Not Acceptable): 530 SOUTH MAIN ST. City: WINTER GARDEN FL Zip Code: 34787	
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: _____ Date: _____ 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	DELISLE, STEVEN A	530 SOUTH MAIN ST. 232 South Dillard St	WINTERGARDEN FL 34787
MGR	DEBILLEN, MATTHEW	310 BEECHER DR	WINTER GARDEN FL 34787
REINSTATEMENT 2002			

CR2E084 (8/02)

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

Steven A. Delisle

Date Nov 14, 2002 Daytime Phone # 407-909-0051

Typed or printed name of signing Managing Member/Manager

Steven A. Delisle, Manager