

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

**L01000011602**

FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

03 NOV 24 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011602

Name and Mailing Address

0005013 01 AT 0.292 \*\*AUTO TO 0 0615 33036-421203



SPERL CONSTRUCTION, LLC  
403 PALM DR.  
ISLAMORDA FL 33036-4212

**REINSTATEMENT**



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/16/2001	
Principal Place of Business 403 PALM DR. ISLAMORDA FL 33036	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1122876	Applied For Not Applicable
8. Name and Address of Current Registered Agent THOMES, TIMOTHY N P.A. 99198 OVERSEAS HWY., STE. 8 KEY LARGO FL 33037		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 Street Address (P.O. Box) City FL Zip Code		700024979007 11/24/03--01079--009--**150.00	
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>11-20-03</u> 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
MGRM	SPERL, GARY	403 PALM DRIVE	ISLAMORADA FL 33036
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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>11-20-03</u> Daytime Phone # <u>664-9997</u> Typed or printed name of signing Managing Member/Manager <u>GARY L. SPERL</u>			

CR2E034 (7/03)