

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000011807

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 18 PM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011807  
Name and Mailing Address

0010696 01 FP 0.352 \*\*PRSRT HO 0 0615 34952-551591  
T & D, LLC  
1891 S.E. ENFIELD AVE.  
PORT ST. LUCIE FL 34952-5515



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1891 S.E. ENFIELD AVE. PORT ST. LUCIE FL 34952		5. Date Organized or Qualified To Do Business in Florida 07/18/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1130644	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CR2EC84 (8/02)

8. Name and Address of Current Registered Agent RIZZOLO, JAMES 1958 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) 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: FIDUCIAL (172)-337-9700  
Date: 12/30/02  
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 member	Donna Secora	1891 S.E. Enfield Ave.	Port St. Lucie, FL 34952

300009783549  
01/02/03--01036--001 \*\*150.00  
REINSTATEMENT 02-03

300009783549  
02/17/03--01043--001 \*\*50.00

AL

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: Donna F. Secora  
Date: 12-30-02 Daytime Phone #: 772-335-0174  
Typed or printed name of signing Managing Member/Manager: Donna F. Secora