

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L01000011897

1. DOCUMENT # **L01000011897** 03 JAN -7 PM 12:21

Name and Mailing Address

0009015 01 FP 0.352 **PRSR H9 0 0615 32092-151009



FINISHES FOR TODAY'S PROFESSIONALS, L.L.C.
8509 SHANE COURT
ST AUGUSTINE FL 32092-1510

LL/18



2. New Mailing Address SAME AS ABOVE City, State, Zip: SAME AS ABOVE		4. State/Country of Formation FL	
Principal Place of Business 8509 SHANE COURT ST AUGUSTINE FL 32092		5. Date Organized or Qualified To Do Business in Florida 07/18/2001	
3. New Principal Place of Business Address N/A City, State, Zip: N/A		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent ZELLNER, RYANNE 8509 SHANE COURT ST AUGUSTINE FL 32092		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 Number is Not Acceptable) N/A	
		City FL Zip Code	
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>Ryanne Zellner</i> Date: 12-31-02 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	ZELLNER, RYANNE	8509 SHANE COURT	ST AUGUSTINE FL
			900009887189 01/07/03--01004--002 **200.00

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: *Ryanne Zellner* Date: 12-31-02 Daytime Phone #: 904-349-0001

Typed or printed name of signing Managing Member/Manager