

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 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

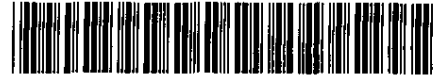
1. DOCUMENT # L01000012108

Name and Mailing Address

0001768 01 AT 0.292 \*\*AUTO TB 0 0615 32225-107212



MCCARTHY & FOSTERS INTERNATIONAL, LLC  
11512 ASHLEY MANOR WAY  
JACKSONVILLE FL 32225-1072



2. New Mailing Address

City, State, Zip

Principal Place of Business

11512 ASHLEY MANOR WAY  
JACKSONVILLE FL 32225-1072

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

07/23/2001

6. FEI Number

59-3733600

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SIDLOSCA, RANDALL L ESQ  
999 PONCE DE LEON BLVD.  
SUITE 550  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Semerene, Bernardo

Street Address (P.O. Box Number is Not Acceptable)

11512 Ashley Manor Way

City

Jacksonville

FL

Zip Code

32225

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**

REGISTERED AGENT MUST SIGN

Date 11./10/03

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	SEMERENE, BERNARDO	11512 ASHLEY MANOR WAY	JACKSONVILLE FL 32225-1072
MGRM	SEMERENE, ALISON	11512 ASHLEY MANOR WAY	JACKSONVILLE FL 32225-1072

**REINSTATEMENT**

2003

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./10/03 Daytime Phone # 904-9980525

Typed or printed name of signing Managing Member/Manager