

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
JULY 1995  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000012118

Name and Mailing Address

02 NOV 19 PM 3:03

0000539 01 FP 0.352 \*\*PRSR T2 0 0615 32765-884977



TUSKAWILLA OFFICE PARK, LLC  
800 WESTWOOD SQUARE, STE. E  
OVIEDO FL 32765-8849



REINSTATEMENT

2002

CR2E084 (8/02)

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 800 WESTWOOD SQUARE, STE. E OVIEDO FL 32765		5. Date Organized or Qualified To Do Business in Florida 07/24/2001	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3737900	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  NEUKAMM, MICHAEL E 301 E. PINE ST., STE. 1400 ORLANDO FL 32801		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  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 [Signature] Date 11/15/2002

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres/ Dir	WILLIAM E. BARRETT	Suite 'E' 800 Westwood Square	Oviedo, Florida 32765
2000009082752 11/15/02--01059--017 **150.00			
REINSTATEMENT 2002			

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] Date Nov 8/02 Daytime Phone # 506-328-1212

Typed or printed name of signing Managing Member/Manager