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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:55

1. DOCUMENT # L01000012125

Name and Mailing Address

0004189 01 AT 0.292 **AUTO T8 0 0615 32937-385134



THE LAIRD GROUP, LLC
734 HAWKSBILL ISLAND DR.
SATELLITE BEACH FL 32937-3851



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/24/2001	
Principal Place of Business 734 HAWKSBILL ISLAND DR. SATELLITE BEACH FL 32937	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 43-1980015	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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) 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 <u>Susan Paul</u> REGISTERED AGENT MUST SIGN Date <u>11/24/03</u>			
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
MEM	LAIRD, RICHARD K	734 HAWKSBILL ISLAND DR.	SATELLITE BEACH FL 32937
			800025866368 12/31/03--01008--002 **150.00
			12/31/03--01008--002 **150.00
REINSTATEMENT 03			
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 <u>Cum</u>		Date <u>11/18/03</u> Daytime Phone # <u>321-693-9230</u>	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)