

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 NOV -7 PM 1:19

1. DOCUMENT # L01000012194

Name and Mailing Address

0011381 01 AT 0.292 \*\*AUTO T2 3 0615 34769-506211



HAUS OF TRIKES, LLC  
1911 JERSEY AVENUE  
ST. CLOUD FL 34769-5062



US

2. New Mailing Address <b>218 E. MALLARD DR.</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>BERLIN, MD 21811</b>		5. Date Organized or Qualified To Do Business in Florida <b>08/01/2001</b>	
Principal Place of Business <b>1911 JERSEY AVENUE ST. CLOUD FL 34769 US</b>	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <b>52-2306408</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
8. Name and Address of Current Registered Agent <b>ETHEL ANN MARKO 1911 JERSEY AVENUE ST. CLOUD FL 34769</b>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent <b>ETHEL ANN MARKO 1911 JERSEY AVENUE ST. CLOUD FL 34769</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *Paul Asimov* **REQUIRED** Date \_\_\_\_\_  
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
<b>MGRM</b>	<b>SMILEN SAM VENTURES, LLC</b>	<b>218 EAST MALLARD DRIVE</b>	<b>BERLIN MD 21811</b>
400024511084 11/07/03--01061--013 **155.00			
<b>REINSTATEMENT</b> -03 cys etc			

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 *Edith Vogel* **REQUIRED** Date 11/3/03 Daytime Phone # 410-213-9433

Typed or printed name of signing Managing Member/Manager EDITH VOGEL