

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

1. DOCUMENT # L01000012693

Name and Mailing Address

2004 AUG 23 P 4: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011021 01 AT 0.292 **AUTO TO 0 0615 34240-967720



NOSQUITOS, LLC
6520 MCKOWN ROAD
SARASOTA FL 34240-9677



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6520 MCKOWN ROAD SARASOTA FL 34240		5. Date Organized or Qualified To Do Business in Florida 07/30/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 02-0581864	
		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 MARTIN, DENISE W 6520 MCKOWN ROAD SARASOTA FL 34240		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 Denise W. Martin **REQUIRED** Date 7/23/04

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
MGR	MARTIN, DENISE W	6520 MCKOWN ROAD	SARASOTA FL 34240

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 Denise W. Martin **REQUIRED** Date 8/16/04 Daytime Phone # 941 379-9116

Typed or printed name of signing Managing Member/Manager Denise W. Martin