

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002

192

APPLICATION FOR REINSTATEMENT
LLC UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013027
Name and Mailing Address

0010257 01 FP 0.352 **PRSRT H7 0 0615 33908-365109
HIAWATHA, LLC
16109 EDMONT DRIVE
FORT MYERS FL 33908-3651



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 16109 EDMONT DRIVE FORT MYERS FL 33908		5. Date Organized or Qualified To Do Business in Florida 08/06/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 45-1067501	Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSE, KENNETH H 16109 EDMONT DRIVE FORT MYERS FL 33908		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) 500009796116 01/03/03--01013--006 **50.00 City FL Zip Code	

CFR2084 (8/02)

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 _____ 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
MGR	KENNETH H. ROSE	16109 Edgemont	Fort Myers, FL 33908

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 Kenneth H. Rose L.T.F. Date 12/31/02 Daytime Phone # 239-481-4413

Typed or printed name of signing Managing Member/Manager _____

20/2

FILED

03 JAN -3 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 26, 2002

**Florida Department of State
Division of Corporations**

**Re: Hiawatha, LLC
Document # L01000013027**

To Whom It May Concern:

Enclosed please find the Uniform Business Report for Hiawatha, LLC.

We did not receive the papers for this filing, only the notice of dissolution.

I called the State Corporation Office and they informed what needed to be done.

We have filed out the report and enclosed our check per the instructions of the clerk at the corporation office.

Sincerely



Ken Rose