

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Department of State
John Smith
Secretary of State
Division of Corporations

L01000013570

FILED
02 OCT 30 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013570

Name and Mailing Address

0005880 01 FP 0.352 **PRSR T8 0 0615 34232-550690

EDWARD L. BUSH, LLC
 3590 BALI DRIVE
 SARASOTA FL 34232-5506



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/10/2001	
Principal Place of Business 3590 BALI DRIVE SARASOTA FL 34232	3. New Principal Place of Business Address		6. FEI Number 45-0478477
	City, State, Zip		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		9. Name and Address of New Registered Agent	
BUSH, EDWARD L 3590 BALI DRIVE SARASOTA FL 34232		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 Edward L. Bush Date 10-25-02
 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	EDWARD L. BUSH	3590 BALI DRIVE	SARASOTA, FL 34232
			500088643435 10/29/02--01025--013 **150.00
			FL
			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 Edward L. Bush Date 10-25-02 Daytime Phone # 941 374 5918
 EDWARD L. BUSH

CR2E084 (8/02)