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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  
04 FEB 26 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014643

Name and Mailing Address

0009336 01 AT 0.292 \*\*AUTO T4 0 0615 33607-722528

PROFUSION NUMBER TWO, LLC

2223 NORTH WESTSHORE BOULEVARD

UNIT B-228

TAMPA FL 33607

US



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/28/2001	
Principal Place of Business 2223 NORTH WESTSHORE BOULEVARD UNIT B-228 TAMPA FL 33607 US		3. New Principal Place of Business Address City, State, Zip	
6. FEI Number 04-3524149		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 MAH, CLARENCE 2223 NORTH WESTSHORE BOULEVARD UNIT B-228 TAMPA FL 33607		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500029457668 02726704--01025--007 **50.00 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>SIGNATURE REQUIRED</u> Date <u>11/20/03</u> 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
MGRM	MAH, HAZEL	5330 ARCHSTONE DR. #308	TAMPA FL 33634
MGRM	MAH, CHUCK	5330 ARCHSTONE DR. #308	TAMPA FL 33634
		500027097686 01/16/04--01035--016 **150.00	
REINSTATEMENT 03-04 02			
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>SIGNATURE REQUIRED</u> Date <u>11/20/03</u> Daytime Phone # <u>813-353-8400</u> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)