

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smilgin
Secretary of State
BUREAU OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000014748

Name and Mailing Address

02 OCT 25 AM 10:34

0010462 01 FP 0.352 **PRSR HT 0 0615 34688-812835
SANDPIPER MOBILE HOME PARK, L.L.C.
2635 EAST LAKE TRAIL
TARPON SPRINGS FL 34688-8128

10/29



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/29/2001	
Principal Place of Business 2635 EAST LAKE TRAIL TARPON SPRINGS FL 34689	3. New Principal Place of Business Address City, State, Zip 34688	6. FEI Number 59-3745924	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 MOCKLER, TIMOTHY P 2635 EAST LAKE TRAIL TARPON SPRINGS FL 34689		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34688	
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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 Timothy P. Mockler Date 10/23/02
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	Timothy P. Mockler	2635 EAST LAKE TRAIL	TARPON SPRINGS FL 34688

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10/25/02--01114--008 **150.00

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 Timothy P. Mockler Date 10/23/02 Daytime Phone # 727-943-8557
Typed or printed name of signing Managing Member/Manager