

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

2003 NOV 20 PM 1:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014847

Name and Mailing Address

0014151 01 AT 0.292 **AUTO T1 0 0615 33947-216117



LABECK, LLC
217 BUNKER ROAD
ROTONDA WEST FL 33947-2161

000024876608
11/20/03--01025--023 **150.00



US

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/30/2001	
Principal Place of Business 217 BUNKER ROAD ROTONDA WEST FL 33947 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1156309	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 REBECK, JEAN 217 BUNKER ROAD ROTONDA WEST FL 22047 33947		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Notable) 217 Bunker Road City Rotonda West FL 33947	
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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 *[Signature]* **SIGNATURE REQUIRED** Date 11/17/03
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	BEECKMAN, PAUL V	217 BUNKER ROAD	ROTONDA WEST FL 33947
MGR	REBECK, JEAN	217 BUNKER ROAD	ROTONDA WEST FL 33947
MGR	LATONA, RICHARD	P.O. BOX 5483	LAKELAND FL 33807
			REINSTATEMENT 2003

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 *[Signature]* **SIGNATURE REQUIRED** Date 11/17/03 Daytime Phone # (941) 698-0783

Typed or printed name of signing Managing Member/Manager