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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

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015111

Name and Mailing Address

0012086 01 AT 0.292 \*\*AUTO T4 0 0615 33428-413547



A CHATT AWAY L.L.C.

4747 BISON ST.

BOCA RATON FL 33428-4135



|  |  |  |                                   |
|--|--|--|-----------------------------------|
| 2. New Mailing Address   |  | 4. State/Country of Formation<br>FL  |                                   |
| City, State, Zip   |  | 5. Date Organized or Qualified To Do Business in Florida<br>08/30/2001   |                                   |
| Principal Place of Business<br>4747 BISON ST.<br>BOCA RATON FL 33428   | 3. New Principal Place of Business Address | 6. FEI Number<br>65-1130279  | Applied For<br><br>Not Applicable |
| City, State, Zip   |  | 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<br><br>HOUGH, STORMY D<br>4747 BISON ST.<br>BOCA RATON FL 33428  |  | 9. Name and Address of New Registered Agent  |                                   |
|  |  | 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.<br>Signature of Registered Agent <b>SIGNATURE REQUIRED</b> Date _____<br>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  | HOUGH, STORMY D                            | 4747 BISON ST  | BOCA RATON FL 33428               |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
|  |  |  |                                   |
| 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 <i>Stormy D. Hough</i>  |  | Date 10-27-03 Daytime Phone # 561-483-5098   |                                   |
| Typed or printed name of signing Managing Member/Manager   |  |  |                                   |

CR2E084 (7/03)

REINSTATEMENT

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