

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 APR 22 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L01000015270  
Name and Mailing Address

0003534 01 AT 0.292 \*\*AUTO T5 0 0615 32805-124975

MR. FOAMY OF CENTRAL FLORIDA, LLC  
607 TRIUMPH COURT  
SUITE C  
ORLANDO FL 32805-1249



4/22

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/06/2001	
Principal Place of Business 607 TRIUMPH COURT SUITE C ORLANDO FL 32805	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3745063	Applied For Not Applicable
8. Name and Address of Current Registered Agent SCHREIBER, MARGARET H 607 TRIUMPH COURT SUITE C ORLANDO FL 32805		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.  
Signature of Registered Agent Margaret H. Schreiber **SIGNATURE REQUIRED** Date 4/19/04  
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	MR. FOAMY, INC.	3411 HANSON STREET, UNIT A	FT. MYERS FL 33918
			500035824475 05/10/04--01089--020 **200.00
<b>REINSTATEMENT 2003-2004</b>			

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 Karen E. Fiorillo **SIGNATURE REQUIRED** Date 4/19/04 Daytime Phone # 239-461-3110  
Typed or printed name of signing Managing Member/Manager Karen E. Fiorillo, President