

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA
JULY 18th 1926
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000015846

Name and Mailing Address

02 OCT 30 AM 10:38

0009438 01 FP 0.352 **PRSR H2 0 0615 32309-680424



VANTAY PROPERTIES, LLC
3924 WOODGREEN WAY
TALLAHASSEE FL 32309-6804



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 09/17/2001	
Principal Place of Business 3924 WOODGREEN WAY TALLAHASSEE FL 32309	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 74-302 9398	Applied For Not Applicable
8. Name and Address of Current Registered Agent SISSON, LARRY 218 SOUTHERN COUNTRY LANE QUINCY FL 32351		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name TREMBLAY, NICOLE Street Address (P.O. Box Number is Not Acceptable) 3924 WOOD GREEN WAY City TALLAHASSEE FL Zip Code 32309			

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] Date 10/28/02

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
MGRM	TREMBLAY, NICOLE	5009 GLENROSE CT 3924 WOOD GREEN WAY	TALLAHASSEE FL
V	KOSKI, MICHAEL	5009 GLENROSE CT 3924 WOOD GREEN WAY	TALLAHASSEE FL
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REINSTATEMENT 2002			

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] Date 10/28/02 Daytime Phone # 850 894-4555

Typed or printed name of signing Managing Member/Manager NICOLE TREMBLAY