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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000016176

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 13 PM 1:20
LL 02/24/04

1. DOCUMENT # L01000016176

Name and Mailing Address

0001817 01 AT 0.292 **AUTO T8 0 0615 32246-709347

SOLTUDLER, LLC
12847 W OTTER LAKE CT
JACKSONVILLE FL 32246-7093

2003-2004

REINSTATEMENT

CR2E084 (7/03)

2. New Mailing Address City, State, Zip	4. State/Country of Formation: FL 5. Date Organized or Qualified To Do Business in Florida: 09/19/2001
Principal Place of Business: 116 SAN MARCO AVE, SAINT AUGUSTINE FL 32084 3. New Principal Place of Business Address City, State, Zip	6. FEI Number: 59-3745057 ☐ Applied For ☐ Not Applicable 7. CERTIFICATE OF STATUS DESIRED X — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
UDLER, IZABELLA 12847 W OTTER LAKE CT JACKSONVILLE FL 32246	Name: SOLTANI, ARVIN Street Address (P.O. Box Number is Not Acceptable): 12847 W. Otter LK. ct. City: Jacksonville FL Zip Code: 32246

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 REQUIRED — Date: 2-10-04

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
MGR	UDLER, IZABELLA	12847 W OTTER LAKE CT	JACKSONVILLE FL 32246
MGR	SOLTANI, ARVIN	12847 W. otter LK. ct.	Jacksonville, FL 32246
	REINSTATEMENT	2003-2004	

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02/13/04--01034--008 **205.00

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: SIGNATURE REQUIRED — Date: 2-10-04 — Daytime Phone: (904) 824-4352

Typed or printed name of signing Managing Member/Manager