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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 6 AM 10:29

1. DOCUMENT # L01000017086

Name and Mailing Address

0005094 01 AT 0.292 **AUTO T1 0 0615 33040-332813



513 MARGARET STREET, LLC
C/O LINDA B. WHEELER, ESQ.
1213 WHITE STREET
KEY WEST FL 33040-3328



2. New Mailing Address P.O. Box 1146		4. State/Country of Formation FL	
City, State, Zip Key West, FL 33040		5. Date Organized or Qualified To Do Business in Florida 10/05/2001	
Principal Place of Business 513 MARGARET STREET KEY WEST FL 33040	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	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 WHEELER, LINDA B ESQ. 1213 WHITE STREET KEY WEST FL 33040	9. Name and Address of New Registered Agent Name Stones, Adele V., Stones & Cardenas Street Address (P.O. Box Number is Not Acceptable) 221 Simonton Street City Key West FL Zip Code 33040
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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

Adele V. Stones **SIGNATURE REQUIRED**

Date

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	JAMES, NICHOLS	2707 W. MAPLE RD P.O. Box 1146	BLOOMFIELD HILLS MI 48304 Key West, FL 33041
			400026035264 01/06/04-01003-004 **750.00

REINSTATEMENT 2003-04

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager-

CR2E084 (7/03)