

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

03 DEC 31 PM 5:56

1. DOCUMENT # L01000017207

Name and Mailing Address

0009805 01 AT 0.292 **AUTO T6 0 0615 33704-466396

FULCRUM DEVELOPMENT GROUP, LLC
2296 COFFEE POT BOULEVARD NE
ST. PETERSBURG FL 33704-4663



2. New Mailing Address 5811 Bayou Grande Blvd NE City, State, Zip St Petersburg, FL 33703		4. State/Country of Formation FL	
Principal Place of Business 2296 COFFEE POT BOULEVARD ST. PETERSBURG FL 33704		5. Date Organized or Qualified To Do Business in Florida 10/08/2001	
3. New Principal Place of Business Address 5811 Bayou Grande Blvd NE City, State, Zip St Petersburg, FL 33703		6. FEI Number 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 RIEF, FRANK J III ESQ 442 W. KENNEDY BLVD., STE. 340 TAMPA FL 33606		9. Name and Address of New Registered Agent Name Thomas R. Tipps Street Address 5811 Bayou Grande Blvd NE City, State, Zip St Petersburg FL 33703	
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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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/28/03

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	TIPPS, THOMAS R	5811 Bayou Grande Blvd NE 2296 COFFEE POT BOULEVARD NE	ST. PETERSBURG FL-33704 33703

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12/31/03 01023 007 **150.00

REINSTATEMENT

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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 person 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 12/28/03 Daytime Phone # 727-744-9918

Typed or printed name of signing Managing Member/Manager