

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

ORIGINAL DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 FEB -6 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017464
Name and Mailing Address

0006302 01 FP 0.352 **PRSR T9 0 0615 34471-585040
COMFORT SAFE, LLC
5740 S.E. 23RD LANE
OCALA FL 34471-5850

800011194398
01/29/03--01100--002 **200.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5740 S.E. 23RD LANE OCALA FL 34471		5. Date Organized or Qualified To Do Business in Florida 10/11/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3743156 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GERRITY, LORRAINE T 5740 S.E. 23RD LANE OCALA FL 34471		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <u>Lorraine Gerrity</u> Date <u>1-26-03</u> 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
Pres.	IRENE DOHERTY MGR	5740 S.E. 23rd Ln	Ocala, FL 34471
J.P.	LORRAINE GERRITY (MGR)	5740 S.E. 23rd Ln	OCALA, FL 34471

CR2E084 (8/02)

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 L. Gerrity Date 1/26/03 Daytime Phone # 352-624-9025
Typed or printed name of signing Managing Member/Manager