

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

05 RECEIVED 10/21/2003

1. DOCUMENT # L01000017466

Name and Mailing Address

0009293 01 AT 0.292 **AUTO T4 0 0615 33606-224418



AUTUMN RIDGE LAND COMPANY LLC
418 W. PLATT ST., STE. A
TAMPA FL 33606-2244



2. New Mailing Address

212 S. Magnolia Ave., Ste A
Tampa, FL 33606

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 10/08/2001

Principal Place of Business
418 W. PLATT ST., STE. A
TAMPA FL 33606

3. New Principal Place of Business Address
212 S. Magnolia Ave., Ste A
Tampa, FL 33606

6. FEI Number
59-3748917

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

GREASER, J. RICHARD
418 W. PLATT ST., STE. A
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name Greaser, J. Richard
Street Address (P.O. Box Number is Not Acceptable)
212 S. Magnolia Ave., Ste A
City Tampa, FL Zip Code 33606

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

J. Richard Greaser
REGISTERED AGENT MUST SIGN

Date 11/3/03

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	GREASER, J. RICHARD	418 W. PLATT ST., STE. A 212 S. Magnolia Ave., Ste A	TAMPA FL 33606

700024516007
11/07/03--01072--012 **150.00

REINSTATEMENT

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

J. Richard Greaser
J. Richard Greaser

Date 11/3/03 Daytime Phone # (813) 230-1985

Typed or printed name of signing Managing Member/Manager