

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 LLC 0-812
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017842

Name and Mailing Address

0009063 01 FP 0.352 **PRSRT HQ 0 0615 32117-272414



RIVERSIDE ANTIQUES & THINGS, LLC
1114 RIVERSIDE DRIVE
HOLLY HILL FL 32117-2724



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1114 RIVERSIDE DRIVE HOLLY HILL FL 32117		5. Date Organized or Qualified To Do Business in Florida 10/12/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 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 HOSPODAR, BARBARA A 1114 RIVERSIDE DRIVE HOLLY HILL FL 32117		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Barbara A. Hospodar Date 10-25-02

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	HOSPODAR, BARBARA A	1114 RIVERSIDE DRIVE	HOLLY HILL FL 32117

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 Barbara A. Hospodar Date 10-25-02 Daytime Phone (386) 304-3904

Typed or printed name of signing Managing Member/Manager

PREPARED BY	
DATE	

1 To Whom It May Concerns:

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3 After Having received the Application
4 For Reinstatement in my door of my
5 business this morning, I was surprised
6 to learn applications had previously
7 been sent that I did not receive.

8 This is my first business in Florida
9 and I was not on the lookout for
10 the forms. If I had received them,
11 it would have been sent in promptly.

12 Please accept my reinstatement
13 fee of \$50 as I was advised to
14 send in by Trevor in your
15 department.

16 Thank you

17 Barbara A. Hospodar
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