

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF
REINSTATEMENT
L01000017958

APPROVED
AND
FILED

02 DEC -9 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017958
Name and Mailing Address

0010750 01 FP 0.352 **PRSR HT 0 0615 34990-286182
VASA CAPITAL MANAGEMENT, L.L.C.
901 MARTIN DOWNS BOULEVARD, SUITE 307
PALM CITY FL 34990-2861



| | | | |
|--|--|---|--|
| 2. New Mailing Address <u>N/A</u> City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 901 MARTIN DOWNS BOULEVARD, SUITE 307 PALM CITY FL 34990 | | 5. Date Organized or Qualified To Do Business in Florida 10/16/2001 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 651154544 Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent BOSWELL, WILLIAM A 901 MARTIN DOWNS BOULEVARD, SUITE 307 PALM CITY FL 34990 EIN # 65-1154544 | | 9. Name and Address of New Registered Agent Name <u>N/A</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 William A. Boswell Date 12/02/02
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 |
| MGR | BOSWELL, WILLIAM A | 901 MARTIN DOWNS BOULEVARD, SUITE 307 | PALM CITY FL 34990 |
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REINSTATEMENT 2002

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 William A. Boswell Date 12/02/02 Daytime Phone # 772-781-5104

Typed or printed name of signing Managing Member/Manager William A. Boswell

CR2E084 (8/02)