

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000018308
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 12:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018308

Name and Mailing Address

0010624 01 FP 0.352 **PRSRTH9 0 0615 34761-243794



CIRCLE OF LIFE, LLC
 1194 HAWTHORNE COVE DRIVE
 OCOEE FL 34761-2437



2. New Mailing Address 7804 SW 8th Street City, State, Zip Ocala FL 34474		4. State/Country of Formation FL	
Principal Place of Business 1194 HAWTHORNE COVE DRIVE OCOEE FL 34761		5. Date Organized or Qualified To Do Business in Florida 10/22/2001	
3. New Principal Place of Business Address 7804 SW 8th Street City, State, Zip Ocala FL 34474		6. FEI Number 52-2260310 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent LAUSBERG, MARY ANN 1194 HAWTHORNE COVE DRIVE OCOEE FL 34761		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 Carla C. Finney Street Address (P.O. Box Number is Not Acceptable) 7804 SW 8th Street City Ocala FL 34474			
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 X Carla C Finney Date 1/14/03 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	Carla Finney	7804 SW 8th Street	Ocala, FL 34474
MGRM	Elena Bou (Bou)	719 Bungalow Terrace	Tampa, FL 33606
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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

Carla C Finney

Date **1/14/02**

Daytime Phone **(352) 427-2357**

Typed or printed name of signing Managing Member/Manager

CARLA C. FINNEY

CR2E084 (8/02)