

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000018537

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000018537

Name and Mailing Address

0001415 01 FP 0.352 **PRSR T5 0 0615 33042-534405



L.J. GATORS, L.C.
27205 U.S. HIGHWAY 1
RAMROD KEY FL 33042-5344

400009910224
01/07/03--01030--010 **150.00



3/3-2002-2003

2. New Mailing Address 27205 US HWY 1 City, State, Zip RAMROD KEY FL 33042		4. State/Country of Formation FL	
Principal Place of Business 27205 U.S. HIGHWAY 1 RAMROD KEY FL 33042		5. Date Organized or Qualified To Do Business in Florida 10/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1149350	
		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 GARDNER, LANNY P 27205 U.S. HIGHWAY 1 RAMROD KEY FL 33042		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: *[Signature]* Date: **12/29/02**

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	MYERS, JOHN F	742 EAST CLARKE AVENUE	YORK PA 17403
MGR	LANNY GARDNER	27205 US HWY 1	RAMROD KEY FL 33042
MGR	JOHN MYERS	27205 US HWY 1	RAMROD KEY FL 33042

400009910224
03/03/03--01030--021 **50.00

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: *[Signature]* Date: **12/29/02** Daytime Phone #: **305-797-8425**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)