

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 J. Smi
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 DEC 13 PM 2:51

900003430258
 12/12/02--01083--001 **150.00

1. DOCUMENT # L01000020044

Name and Mailing Address

0006364 01 FP 0.352 **PRST TO O 0615 33511-813015
 NEWLIN ENTERPRISES, LLC
 515 HIDDEN LAKE DR.
 BRANDON FL 33511-8130



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 515 HIDDEN LAKE DR. BRANDON FL 33511		5. Date Organized or Qualified To Do Business in Florida 11/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3757376 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 SISSON, LARRY 218 SOUTHERN COUNTRY LANE QUINCY FL 32351	9. Name and Address of New Registered Agent Name FLORIDA AGENT SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Ave Suite 900 City MIAMI FL Zip Code 33131
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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 Paul Smith Vice President Date 12-10-02
 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	David E. Newlin	515 HIDDEN LAKE DR. BRANDON, FL	BRANDON, FL 33511
MGRM	JANICE R. NEWLIN	515 HIDDEN LAKE DR.	BRANDON, FL 33511
AL 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 David E. Newlin Date 10/2/02 Daytime Phone # 813 685 9506

CR2E034 (8/02)