

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000020053

Name and Mailing Address

02 DEC 31 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007397 01 FP 0.352 **PRSR T3 0 0615 32435-197399



CHAUTUAQUA BUILDERS, L.L.C.
694 BALDWIN AVE.
DEFUNIAK SPRINGS FL 32435-1973



2. New Mailing Address No New Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 694 BALDWIN AVE. DEFUNIAK SPRINGS FL 32433		5. Date Organized or Qualified To Do Business in Florida 11/20/2001	
3. New Principal Place of Business Address Same City, State, Zip Same		6. FEI Number 59-3757246	Applied For Not Applicable
8. Name and Address of Current Registered Agent INFINGER, ROBERT 694 BALDWIN AVE. DEFUNIAK SPRINGS FL 32433		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: N/A Street Address (P.O. Box Number is Not Acceptable): 300009748309 12/31/02--01005--013 **150.00 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] REGISTERED AGENT MUST SIGN Date: 12/26/02			
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. Mem.	Robert Infinger	654 Lakeside Dr. DFS, FL 32433	Defunial Springs, FL 32433
Mem	Paul W. Rushing	320 Rushing Ct DFS, FL 32433	Defunial Springs, FL 32433
REINSTATEMENT 2002			
M THOMAS			

CR2E084 (8/02)

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

Date: 12/26/02

Daytime Phone # 850-830-6294

Typed or printed name of signing Managing Member/Manager