

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
JIM S  
DIVISION OF CORPORATIONS

L01000020457

FILED

1. DOCUMENT # L01000020457

Name and Mailing Address

0009066 01 FP 0.352 \*\*PRST HO 0 0615 32117-500257

CRANKSHAFT PRESS, L.L.C.

957-B NORTH BEACH ST.

HOLLY HILL FL 32117-5002

03 MAY 12 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200016340032

04/21/03--01009--013 \*\*200.00



<b>2. New Mailing Address</b>		<b>4. State/Country of Formation</b> FL	
City, State, Zip		<b>5. Date Organized or Qualified To Do Business in Florida</b> 11/28/2001	
<b>Principal Place of Business</b> 957-B NORTH BEACH ST. HOLLY HILL FL 32117	<b>3. New Principal Place of Business Address</b> City, State, Zip	<b>6. FEI Number</b> 59-3759919	<b>Applied For</b> Not Applicable
<b>8. Name and Address of Current Registered Agent</b> YUNICK BROWN, PATRICIA 957-B NORTH BEACH ST. HOLLY HILL FL 32117		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code
<b>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.</b>			
Signature of Registered Agent <i>Patricia Yunick Brown</i>		Date 04-10-03	
REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	PATRICIA YUNICK BROWN	957-B N Beach St MGRM	Daytona Beach FL 32117
	J. WADE CALDWELL	202 HARBOY AV MGRM	DAYTONA BEACH FL 32118
<b>REINSTATEMENT 03-03</b> dec			

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

*Patricia Yunick Brown*

Date

04/10/03

Daytime Phone #

386 9471986

Typed or printed name of signing Managing Member/Manager

PATRICIA YUNICK BROWN

CR2E084 (8/02)