

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 PM 1:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020558

Name and Mailing Address

0001833 01 AT 0.292 \*\*AUTO TB 0 0615 32250-278627



WORKHORSE INDUSTRIES, LLC  
827 20TH ST. N.  
JACKSONVILLE BEACH FL 32250-2786



2. New Mailing Address

City, State, Zip

Principal Place of Business

827 20TH ST. N.  
JACKSONVILLE BEACH FL 32250

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

11/29/2001

6. FEI Number

59-3760801

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

WILSON, GLYNN R  
827 20TH ST. N.  
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700025430987  
12/15/03-01019-019 \*\*155.00

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 12-8-03

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	WILSON, GLYNN	827 20TH ST. N.	JACKSONVILLE BEACH FL 32250
V	DUNCAN, TARA	827 20TH ST N	JACKSONVILLE BEACH FL 32250
V	WILSON, CLAY	827 20TH ST N	JACKSONVILLE BEACH FL 32250
S	WILSON, DEBORA R	827 20TH ST N	JACKSONVILLE BEACH FL 32250

REINSTATEMENT 2003

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]*  
REGISTERED AGENT MUST SIGN

Date 12-8-03

Daytime Phone # 904-591-9535

Typed or printed name of signing Managing Member/Manager

Glenn Wilson

CR2E034 (7/03)