

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

L01000020832

FILED

2003 OCT 23 PM 3:36

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020832

Name and Mailing Address

0011311 01 AT 0.292 \*\*AUTO T2 2 0615 34747-468700



EWD MAKERS L.L.C.  
500 CELEBRATION AVE.  
CELEBRATION FL 34747-4687



US

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/03/2001	
Principal Place of Business 500 CELEBRATION AVE. CELEBRATION FL 34747 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3760356	Applied For Not Applicable
8. Name and Address of Current Registered Agent HURD, WILLIE E 220 EASTPARK DR. CELEBRATION FL 34747		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 <u>Willie E Hurd</u> <b>SIGNATURE REQUIRED</b> Date <u>10-17-03</u> 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	HURD, WILLIE E	330 EASTPARK DR.	CELEBRATION FL 34747
300024053453 10723703--01074--001 **155.00			
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

Willie E Hurd **SIGNATURE REQUIRED**

Date 10-17-03

Daytime Phone # 407 566-9417

Typed or printed name of signing Managing Member/Manager