

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT FOR REINSTATEMENT


L01000020909

 **Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 DEC -6 PM 3:26
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000020909
Name and Mailing Address

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0000588 01 FP 0.352 **PRSRT T2 0 0615 32780-755085

 SMARTROSTER, LLC
 7585 TURKEY POINT DRIVE
 TITUSVILLE FL 32780-7550

12/15/02 01004 005 1150.00

[illegible]

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 *[Signature]*
Managing Member/Manager

Date 12/2/02 Daytime Phone # 321. 427.8977

Typed or printed name of signing Managing Member/Manager