

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 9:03

1. DOCUMENT # L01000020954

Name and Mailing Address

0010494 01 FP 0.352 \*\*PRSR HB 0 0615 34698-421162



NORTON FAMILY, L.L.C.

1662 SANTA BARBARA DRIVE

DUNEDIN FL 34698-4211

600009733666  
12/30/02--01028--012 \*\*150.00



<b>2. New Mailing Address</b> P.O. Box 1616 City, State, Zip DUNEDIN, FLORIDA 34697		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1662 SANTA BARBARA DRIVE DUNEDIN FL 34698		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/05/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>8. Name and Address of Current Registered Agent</b> GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER FL 33756		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name JOHN M. NORTON Street Address (P.O. Box Number is Not Acceptable) 1662 SANTA BARBARA DRIVE City DUNEDIN FL Zip Code 34698			
<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 <u>John M. Norton</u> Date <u>11/18/02</u> 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
MGR	NORTON, JOHN M	1662 SANTA BARBARA DRIVE	DUNEDIN FL 34698

REINSTATEMENT 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 John M. Norton Date 11/18/02 Daytime Phone # (727) 736-2894

Typed or printed name of signing Managing Member/Manager JOHN M. NORTON