

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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021293

Name and Mailing Address

0009218 01 AT 0.292 **AUTO T4 0 0615 33604-623814



BENJAMIN GAINER, L.L.C.
1214 EAST LAMBRIGHT ST.
TAMPA FL 33604-6238



2. New Mailing Address <u>P.O. Box 26392</u>		4. State/Country of Formation FL	
City, State, Zip <u>Tampa, FL 33623-6392</u>		5. Date Organized or Qualified To Do Business in Florida 12/05/2001	
Principal Place of Business 1214 EAST LAMBRIGHT ST. TAMPA FL 33604	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3758271	Applied For Not Applicable
8. Name and Address of Current Registered Agent GAINER, BENJAMIN D 1214 EAST LAMBRIGHT ST. TAMPA FL 33604		7. CERTIFICATE OF STATUS DESIRED <input 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	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 609, F.S.

Signature of Registered Agent Benjamin D. Gainer **SIGNATURE REQUIRED** Date 10/28/03
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
MGRM	GAINER, BENJAMIN	1214 EAST LAMBRIGHT ST.	TAMPA FL 33604
MGRM	GAINER, RITA	1214 EAST LAMBRIGHT ST.	TAMPA FL 33604
MGRM	HAYNES, MASON	1400 43RD ST	ST PETERSBURG FL 33711
MGRM	GAINER, WILLIE JR.	5307 ALHAMBRA WAY	ST PETERSBURG FL 33711
<p>200024345362 11/03/03--01003--019 **150.00</p> <p>REINSTATEMENT 03 dce</p>			

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 Benjamin D. Gainer **SIGNATURE REQUIRED** Date 10/28/03 Daytime Phone # 813-841-7527
Typed or printed name of signing Managing Member/Manager Benjamin D. Gainer

CR2E084 (7/03)