

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 28 PM 2:30

L01000021320

1. DOCUMENT # L01000021320
Name and Mailing Address

12/10/20

0006581 01 FP 0.352 **PRST TO 0 0615 33785-224074
PALM BEACH OF INDIAN ROCKS, LLC
19535 GULF BLVD.
SUITE B
INDIAN SHORES FL 33785-2240



REINSTATEMENT 2002

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|--|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 12/07/2001 | |
| Principal Place of Business 19535 GULF BLVD. SUITE B INDIAN SHORES FL 33785 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 01-0584686 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

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|--|--|
| 8. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER FL 33756 | 9. Name and Address of New Registered Agent Name Steve PAGE Street Address (P.O. Box Number is Not Acceptable) 19535 GULF BLVD Suite B City INDIAN SHORES FL Zip Code 33785 |
|--|--|

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 _____ Date 10/24/02

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 | PAGE, STEPHEN J | 19535 GULF BLVD. SUITE B | INDIANSHORES FL 33785 |
| MGR | LYONS, ROBERT E | 2002 BEACH TRAIL | INDIANROCKS BEACH FL 33785 |
| 200008643532 10/29/02--01025--018 **150.00 | | | |
| REINSTATEMENT 2002 | | | |
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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 _____ Date 10/24/02 Daytime Phone # 727-595-0366

Typed or printed name of signing Managing Member/Manager