

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 -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021539

Name and Mailing Address

0005001 01 FP 0.352 **PRSRT T5 0 0615 33617-722505

TOWANDA LLC
505 SOUTH RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617-7225

800009045758
11/18/02--01040--007 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL																																	
Principal Place of Business 505 SOUTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617		5. Date Organized or Qualified To Do Business in Florida 12/12/2001																																	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 80-0024225																																	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable																																	
8. Name and Address of Current Registered Agent COTTER, THOMAS A 101 E. KENNEDY BLVD. SUITE 2800 TAMPA FL 33602		9. Name and Address of New Registered Agent Name Bruce H. Gordon Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard Suite 2800 City Tampa FL Zip Code 33602																																	
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 _____ REGISTERED AGENT MUST SIGN																																			
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MR</td> <td>MICHAEL A VIREN</td> <td>505 S RIVERHILL DR</td> <td>TEMPLE TERRACE FL 33617</td> </tr> <tr> <td>MS</td> <td>ANNE L. STROZIO</td> <td>✓</td> <td>✓</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MR	MICHAEL A VIREN	505 S RIVERHILL DR	TEMPLE TERRACE FL 33617	MS	ANNE L. STROZIO	✓	✓																				
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REINSTATEMENT 02 dec																																			

CR2EQ84 (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 _____
Managing Member/Manager

Date 11-22-02 Daytime Phone # 813 933 6267

Typed or printed name of signing Managing Member/Manager