

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L01000021600

02 DEC -5 PM 5:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L01000021600

Name and Mailing Address

0009818 01 FP 0.352 **PRSR H4 0 0615 32958-161151
MALONE-WINARSKI ENTERPRISES, L.L.C.
1511 US HIGHWAY 1, STE. 201
SEBASTIAN FL 32958-1611



12/5 2002

CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/13/2001	
Principal Place of Business 1511 US HIGHWAY 1, STE. 201 SEBASTIAN FL 32958	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0934202	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WINARSKI, RONALD 1703 GREYTWIG PLACE MALABAR FL 32950	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Ronald Winarski Date 12/2/02

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
MGRM	MALONE-WINARSKI, ROXANNE	1511 US HIGHWAY 1, STE. 201	SEBASTIAN FL 32958

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 Roxanne Malone-Winarski Date 12/2/02 Daytime Phone # 772-953-5860

Typed or printed name of signing Managing Member/Manager ROXANNE MALONE - WINARSKI