

APPLICATION
FLORIDA DEPARTMENT OF STATE
REINSTATEMENT
SECRETARY OF STATE
DIVISION OF

03 FEB 26 PM 12:31

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

XX

JENSEN BEACH FL 34957-7280

600011993426
02/26/03--01045--019 **5.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/18/2001	
Principal Place of Business 1970 NE JENSEN BEACH BLVD. JENSEN BEACH FL 34957	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0393574	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent HULBERT, GLENDA E 1125 NE TERRACE WAY JENSEN BEACH FL 34957		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 608, F.S. Signature of Registered Agent <u>[Handwritten Signature]</u> Date <u>2/3/03</u> 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	PATRICIA MIHALIK	1964 NE 24 TH ST	Jensen Beach FL 34957
REINSTATEMENT <u>02-03</u>			
600011993426 02/07/03-01056-015 **200.00			

CR2E084 (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 X Robert Kiliati Date 2-5-03 Daytime Phone # 772-334-4070

Typed or printed name of signing Managing Member/Manager