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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

LO 1000022203
DIVISION OF CORPORATIONS

03 APR 28 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000022203

Name and Mailing Address

0010877 01 FP 0.352 **PRSR H2 0 0615 32835-636348



THE RESIDENT TOURIST, LLC
2203 LAKE DEBRA DRIVE #123
ORLANDO FL 32835-6363

MJH



4/28 2002-2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2203 LAKE DEBRA DRIVE #123 ORLANDO FL 32835		5. Date Organized or Qualified To Do Business in Florida 12/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 74-030 4533 Applied For Not Applicable	
8. Name and Address of Current Registered Agent LYONS, DAVID 2203 LAKE DEBRA DRIVE #123 ORLANDO FL 32835		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 608, F.S. Signature of Registered Agent _____ Date _____ 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	LYONS, DAVID	2203 LAKE DEBRA DRIVE #123	ORLANDO FL 32835

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 Dave Lyons Date 4/21/2003 Daytime Phone 407-765-1070

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (8/02)