

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

L01000022623

FILED

02 NOV -6 5 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022623  
Name and Mailing Address

0009451 01 FP 0.352 \*\*PRSRT H2 0 0615 32312-400906  
AGS PROPERTIES, LLC  
8906 WINGED FOOT DR.  
TALLAHASSEE FL 32312-4009



10/4/02

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8906 WINGED FOOT DR. TALLAHASSEE FL 32312		5. Date Organized or Qualified To Do Business in Florida 12/27/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 01-0619581	Applied For Not Applicable
8. Name and Address of Current Registered Agent SELLERS, ANGELIKI 8906 WINGED FOOT DR. TALLAHASSEE FL 32312		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) 500008808285 11/05/02--01077--003 **150.00 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 *[Signature]* Date 10-24-2002  
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	SELLERS, ANGELIKI	8906 WINGED FOOT DR.	TALLAHASSEE FL 32312

REINSTATEMENT 2002

*[Signature]*

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 *[Signature]* Date 10-24-2002 Daytime Phone # 850-212-7987

Typed or printed name of signing Managing Member/Manager ANGELIKI SELLERS