

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000022747

FILED

1. DOCUMENT # L01000022747

Name and Mailing Address

0008968 01 FP 0.352 **PRSR H9 0 0615 32082-180212



SOSUSTE, L.L.C.
212 PABLO COURT
PONTE VEDRA FL 32082-1802

02 NOV -5 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/4/02

CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 212 PABLO COURT PONTE VEDRA FL 32082		5. Date Organized or Qualified To Do Business in Florida 12/21/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 01-0621238	
		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 WESTLING, DALE G SR., ESQ 331 EAST UNION STREET JACKSONVILLE FL 32202		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 [Signature] Date 10/3/02

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BORG, SUSANNAH	212 PABLO COURT	PONTE VEDRA FL 32082
			800008814018 11/05/02--01108--002 **150.00
REINSTATEMENT 2002 BK			

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 10-23-02 Daytime Phone # 904 273 5836

Typed or printed name of signing Managing Member/Manager SUSANNAH S. BORG