

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L02000000095
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000095

Name and Mailing Address

0000773 01 FP 0.352 **PRSR T3 0 0615 32804-344889
P & D PROPERTIES, LLC
89 INTERLAKEN DR.
ORLANDO FL 32804-3448



2. New Mailing Address 181 Circle Drive City, State, Zip Maitland, Florida 32751		4. State/Country of Formation FL	
Principal Place of Business 89 INTERLAKEN DR. ORLANDO FL 32804		5. Date Organized or Qualified To Do Business in Florida 12/26/2001	
3. New Principal Place of Business Address 181 Circle Drive City, State, Zip Maitland, FL 32751		6. FEI Number 60-0002144 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent REX, WALTER A 89 INTERLAKEN DR. ORLANDO FL 32804		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 181 Circle Drive City Maitland FL Zip Code 32751	
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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 Date 10/28/02

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
M	Walter A. Rex	181 Circle Dr.	Maitland, FL 32751
M	Margret B. Rex	181 Circle Dr.	Maitland, FL 32751
500008833435 11/06/02--01098--009 **155.00			
REINSTATEMENT			

12. I certify that I am managing member/manager of 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 Date 10/28/02 Daytime Phone # 407 644-6303

Typed or printed name of signing Managing Member/Manager Walter A. Rex