

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
L02000000661

FILED  
03 OCT 21 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000661

Name and Mailing Address

0013317 01 AT 0.292 \*\*AUTO TB 2 0615 34994-951773

J. GULT, L.L.C.

1273 NW SPRUCE RIDGE DRIVE

STUART FL 34994-9517



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/07/2002	
Principal Place of Business 1273 NW SPRUCE RIDGE DRIVE STUART FL 34994	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	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 PORCH, C. E 1273 NW SPRUCE RIDGE DRIVE STUART FL 34994	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 REQUIRED**

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
MGRM	PORCH, C. E	1273 NW SPRUCE RIDGE DRIVE	STUART FL 34994

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 REQUIRED**

Date

10/16/03

Daytime Phone #

772-692-3725

Typed or printed name of signing Managing Member/Manager