

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION  
FOR

2002 UBR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000734

Name and Mailing Address

0004107 01 PP 0.352 \*\*PRSR T3 0 0615 33421-042525  
WHITMORE ENTERPRISE LLC  
PO BOX 210425  
ROYAL PALM BEACH FL 33421-0425



2. New Mailing Address

City, State, Zip

Principal Place of Business

8233 GATOR LANE Suite 3  
WEST PALM BEACH FL 33411

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/20/2001

6. FEI Number

01-6582819

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

ROBINSON, AUBIN WADE  
505 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CR2E084 (8/02)

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

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	NORMAN WHITMORE 8233 GATOR LANE, SUITE 3 ROYAL PALM BEACH, FL XXXXX 33411		400008875194 11/07/02--01078--001 **50.00

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Norman F. Whitmore

**L02 0000000734**  
**WHITMORE ENTERPRISE LLC**

292

8233 GATOR LANE  
SUITE # 3  
WEST PALM BEACH, FL 33411  
TELEPHONE: (561) 798-0998  
FAX: (561) 784-7726

FILED  
02 NOV -7 AM 11:12  
SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

November 5, 2002

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Matter: Whitmore Enterprise LLC  
Document No.: L02000000734

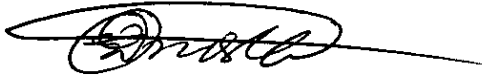
Dear Clerk:

Enclosed please find Application for Reinstatement for the above referenced entity. Take note that the original 2002 Uniform Business Report was not received. Per correspondence with the Department of State, we were advised to do the following:

1. Cross out application for reinstatement and insert 2002 UBR.
2. Enclose a check in the amount of \$50.00.

If additional information is required please call.

Respectfully,



Norman Whitmore



Cc: Application for Reinstatement