## r-ÁPPLI©ATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

## 1. DOCUMENT # L02000000747

Name and Mailing Address

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Managing Member/Manager

Typed or printed name / sign

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



2. New Mailing Address			4. State/Country of Formation		
P.O. Box 1146			FL		
City, State, Zip Key West, FL 33041			5. Date Organized or Qualified To Do Business in Florida 01/10/2002		
Principal Place of Business % LINDA B. WHEELER, ESQ. 1213 WHITE STREET KEY WEST FL 33040	3. New Principal Place of Business Address 221 Simonton Street City, State, Zip		6. FEI Number  Applied For X Not Applicable  7. CERTIFICATE OF STATUS DECIDED TO \$5.00 Additional Fee required		
	Key West, FL 33040		CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent			
WHEELER, LINDA B ESQ. 1213 WHITE STREET KEY WEST FL 33040		Stones, Adele V., Stones & Cardenas  Street Address (P.O. Box Number is Not Acceptable)  221 Simonton Street			
		City Key West	·	FL 33040	
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					
11. Names and Street Addresses of Each Managir	1. Names and Street Addresses of Each Managing Member/Manager				
Title(s) Name of Managing Members/Managers		Street Address of Each anaging Member/Manager Cit		City / State / Zip	
MGRM NICHOLS, JAMES A 111		<del>1888 спаньноск</del> Р.О. Вох 1146		**************************************	
		-	400026 01/06/04010	3035424 03005 **750.00	
		REINS	TATEVEN	T 2003-04	
1.2. I certify that I am maniging bember/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 lirtited 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/Manage  Date  Daytime Phone #					