

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

-03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000772

Name and Mailing Address

0010469 01 AT 0.292 **AUTO T9 0 0615 34201-235040

[illegible]

RICHARD VINING, PL
8040 COLLINGWOOD COURT
UNIVERSITY PARK FL 34201-2350



2. New Mailing Address PO Box 3319 City, State, Zip Sarasota FL 34230		4. State/Country of Formation FL	
Principal Place of Business 8040 COLLINGWOOD COURT UNIVERSITY PARK FL 34201		5. Date Organized or Qualified To Do Business in Florida 01/09/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 800028067	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent VINING, RICHARD 8040 COLLINGWOOD COURT UNIVERSITY PARK FL 34201		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> REINSTATEMENT REQUIRED Date 10/28/03 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	VINING, RICHARD	8040 COLLINGWOOD COURT	UNIVERSITY PARK FL 34201
			500024284775 10/30/03--01033--014 **155.00
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 <i>[Signature]</i> REINSTATEMENT REQUIRED Date 10/25/03 Daytime Phone # 941-358-8477			
Typed or printed name of signing Managing Member/Manager			