

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

04 MAY -5 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L020000001230

Name and Mailing Address

0012648 01 AT 0.292 **AUTO T6 0 0615 33463-674915



JACKY OF ALL TRADES TAX PREPARATION & PARALEGAL SERVICES,
LLC
5815 AUTUMN RIDGE ROAD
LAKE WORTH FL 33463-6749



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 5815 AUTUMN RIDGE ROAD LAKE WORTH FL 33463		5. Date Organized or Qualified To Do Business in Florida 01/14/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1157446 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 LEWIS, JACQUELINE 5815 AUTUMN RIDGE ROAD LAKE WORTH FL 33463		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City State 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 Date	
11. Names and Street Addresses of Each Managing Member/Manager		REINSTATEMENT 2003-2004 5/14 mst	
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MCLM	Jacqueline Lewis	5815 Autumn Ridge Rd.	Lake Worth, FL 33463
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		Date 04-28-2004 Daytime Phone # 551-595-0373	
Typed or printed name of Managing Member/Manager		561-593-0373	