

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

2004 JAN -6 PM 3:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000001667
Name and Mailing Address

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CITRUS LAKE AFFORDABLE PROPERTIES, LLC
2513 NORTH HABANA PL., STE. B
TAMPA FL 33618-4550

300026112643
01/06/04--01017--005 **200.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/18/2002	
Principal Place of Business 2513 NORTH HABANA PL., STE. B TAMPA FL 33618	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0596796	Applied For Not Applicable
8. Name and Address of Current Registered Agent LATORTUE, MARY 2513 NORTH HABANA PL., STE. B TAMPA FL 33618		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <u>Mary Latortue</u> CHAPTER 608 REQUIRED Date <u>12/30/03</u> 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	LATORTUE, MARY	2513 NORTH HABANA PL., STE. B	TAMPA FL 33618
MGRM	LATORTUE, ROSEMARY	2513 NORTH HABANA PL., STE. A	TAMPA FL 33618
MGRM	STILLARD, MARY	4108 STALL ROAD	TAMPA FL
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 <u>Mary Latortue</u> REINSTATEMENT Date <u>12/30/03</u> Daytime Phone # <u>(813) 389-1068</u>			
Typed or printed name of signing Managing Member/Manager			

CR2EC34 (7/03)