

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 6:13

1. DOCUMENT # L02000001683

Name and Mailing Address

0009965 01 AT 0.292 \*\*AUTO T6 0 0615 33731-150909  
SRT INVESTMENTS, LLC  
PO BOX 1509  
ST. PETERSBURG FL 33731-1509



2. New Mailing Address

2447 5<sup>th</sup> AVE South

City, State, Zip  
St. Petersburg, FL 33712

Principal Place of Business

1120 CORDOVA BLVD. NE  
ST. PETERSBURG FL 33704

3. New Principal Place of Business Address

2447 5<sup>th</sup> AVE S.

City, State, Zip

St. Petersburg, FL 33712

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/18/2002

6. FEI Number

030379145

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

LESTINI, JOHN R  
1120 CORDOVA BLVD. NE  
ST. PETERSBURG FL 33704

9. Name and Address of New Registered Agent

Name Scott M. MCKALUEY mgmr

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

1100 CORDOVA BLVD. N.E.

City

St. Petersburg

FL

Zip Code

33704

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 REQUIRED

Date 10-25-03

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	LESTINI, JOHN R	PO BOX 1509	ST. PETERSBURG FL 33731
	mgmr MCKALUEY, Scott M.	1100 Cordova Blvd NE St. Petersburg, FL	33704

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 REQUIRED

Date 10-25-03

Daytime Phone # 727-327-2278

Typed or printed name of signing Managing Member/Manager

Scott M. MCKALUEY