

# APPLICATION FOR REINSTATEMENT



FILED

2004 JAN -6 PM 3:14

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L020000001798

**Icelandic**

**CORFABIN, LLC**  
**1109 CANDLEWOOD CIRCLE**  
**PENSACOLA FL 32514-1604**

800026112778  
01/06/04--01017--008 \*\*150.00



2. New Mailing Address  City, State, Zip		4. State/Country of Formation <div style="text-align: center;">FL</div>	
Principal Place of Business 1109 CANDLEWOOD CIRCLE PENSACOLA FL 32514		5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">01/22/2002</div>	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number <div style="text-align: center; font-size: 1.2em;">04-3592643</div>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent  MATTHEWS, EDELL F JR. 308 SOUTH JEFFERSON STREET PENSACOLA FL 32501		9. Name and Address of New Registered Agent Name <u>WARD W. CORRELL</u> Street Address (P.O. Box Number is Not Acceptable) <u>1109 CANDLEWOOD CIRCLE</u> City <u>Pensacola</u> <span style="float: right;">FL <u>32514</u></span>	
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><i>Ward W. Correll</i></u> <span style="float: right;">Date <u>12/30/03</u></span> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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	CORRELL, WARD W	1109 CANDLEWOOD CIRCLE	PENSACOLA FL 32514
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>REINSTATEMENT</b> </div>		<u>2003</u>	
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><i>Ward W. Correll</i></u> <span style="float: right;">Date <u>12/30/03</u> Daytime Phone # <u>850 476 4044</u></span>			
Typed or printed name of signing Managing Member/Manager <u>WARD W. CORRELL</u>			