

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 # L02000001967

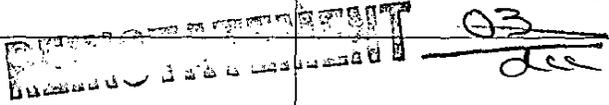
Name and Mailing Address

0013843 01 AT 0.292 **AUTO HO 2 0615 34698-922200



INSIDE THE OUTSIDE, LLC
3200 GARRISON RD.
DUNEDIN FL 34698-9222



2. New Mailing Address P.O. Box 121431		4. State/Country of Formation FL	
City, State, Zip NASHVILLE, TN 37212		5. Date Organized or Qualified To Do Business in Florida 01/25/2002	
Principal Place of Business 3200 GARRISON RD. DUNEDIN FL 34698	3. New Principal Place of Business Address 2165 CAPRI DR. City, State, Zip CLEARWATER, FL 33763		6. FEI Number 36-4488028 Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 600024267856 10/30/03--01012--014 **150.00 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: Deborah D. Skipper REGISTERED AGENT MUST SIGN Date: 10/27/03	
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
MEMBER	RORY C. DARDICH	2165 CAPRI DR.	CLEARWATER, FL 33763
MEMBER	CARL VON DEM BUSSCHE JR.	179 ROYAL OAKS BLVD, #D-6	FRANKLIN, TN 37067
			
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 Blawie DEQUIRE		Date	Daytime Phone #
		10/23/03	615-329-3956
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)