


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.	6. FEI Number 36-4488028	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip CLEARWATER, FL 33763		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		9. Name and Address of New Registered Agent Name 600024267856 10/30/03--01012--014 **150.00 City FL Zip Code	
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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** **Deborah D. Skipper** **Asst. V. Pres.** Date **10/27/03**
 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
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 **DEBORAH D. SKIPPER** Date **10/23/03** Daytime Phone # **615-329-3956**
 Typed or printed name of signing Managing Member/Manager