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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 AM 8:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002558

Name and Mailing Address

0009255 01 AT 0.292 **AUTO T4 0 0615 33606-293811
BEAN PROPERTIES, LLC
811 ORLEANS AVENUE SOUTH
TAMPA FL 33606-2938

100026047171
01/06/04--01005--018 **150.00



US

2. New Mailing Address 701 N. WESTSHORE BLVD.		4. State/Country of Formation FL	
City, State, Zip TAMPA FL 33609		5. Date Organized or Qualified To Do Business in Florida 02/01/2002	
Principal Place of Business 811 ORLEANS AVENUE SOUTH TAMPA FL 33606 US	3. New Principal Place of Business Address 701 N. WESTSHORE BLVD. City, State, Zip TAMPA, FL 33609	6. FEI Number 90-0024753	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
8. Name and Address of Current Registered Agent ADAMS, DAVID W 100 NORTH TAMPA STREET 3500 TAMPA FL 33606		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name JEFFREY A. DARREY Street Address (P.O. Box Number is Not Acceptable) 701 N. WESTSHORE BLVD. TAMPA City TAMPA State FL Zip Code 33609			
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 12/29/03 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
PRES.	JOSEPH TIMBERLAKE III	811 ORLEANS AVENUE SOUTH	TAMPA, FL 33606
V.P.	JEFFREY A. DARREY	5003 SHORE CREST CIRCLE	TAMPA, FL 33609
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 12/21/03 Daytime Phone # 813-865-4800 Typed or printed name of signing Managing Member/Manager JEFFREY A. DARREY			

REINSTATEMENT **2003**

CR2E084 (7/03)