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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Genda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

L02000002611

APPROVED
AND
FILED

03 NOV 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002611

Name and Mailing Address

0003212 01 AT 0.292 **AUTO T4 0 0615 32789-266260

MAVIC ENTERPRISES 2001, L.L.C.

1360 ALABAMA DRIVE

WINTER PARK FL 32789-2662

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/01/2002	
Principal Place of Business 1360 ALABAMA DRIVE WINTER PARK FL 32789	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO FL 32803		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: <u>BARRY CONSOVOY</u> Street Address (Box Number is Not Acceptable): <u>76 HRT Realty Services LLC</u> Suite: <u>104</u> City: <u>Boca Raton</u> FL <u>33487</u>			
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>[Signature]</u> SIGNATURE REQUIRED Date: <u>11/22/03</u> 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
MM	<u>Alan Jumper</u>	<u>1360 Alabama Dr</u>	<u>Winter Park FL 32789</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>[Signature]</u> SIGNATURE REQUIRED Date: _____ Daytime Phone #: _____ Typed or printed name of signing Managing Member/Manager: _____			

CR2E084 (7/03)

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11/24/03-01079-021 **300.00