

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:57

1. DOCUMENT # L020000002614

Name and Mailing Address

0003225 01 AT 0.292 \*\*AUTO T4 0 0615 32789-266260



MAXTED PROPERTIES, L.L.C.  
1360 ALABAMA DRIVE  
WINTER PARK FL 32789-2662



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		6. FEI Number
	City, State, Zip		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO FL 32803		Name: Barry Consoy Street Address: 1001 Clint Moore Rd. Suite 104 Boca Raton FL 33488	
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	
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	Cher Jungles	1360 Alabama Dr	Winter Park FL 32789
			000024979980 11/24/03--01079--021 **300.00
			11/24/03--01079--021 **300.00
			REINSTATEMENT 03 dce
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 Daytime Phone #	
Typed or printed name of signing Managing Member/Manager			