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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 PM 4:02**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

**1. DOCUMENT # L02000003452**

Name and Mailing Address

0014404 01 AT 0.292 \*\*AUTO T2 0 0615 34104-366999  
ENTERPRISE PROPERTIES, L.L.C.  
3863 ENTERPRISE AVENUE  
NAPLES FL 34104-3669

**500026061635**  
01/06/04--01007--030 \*\*150.00



<b>2. New Mailing Address</b> RR BOX 2115 City, State, Zip EAST STRODSBURG, PA 18301		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 3863 ENTERPRISE AVENUE NAPLES FL 34104		<b>5. Date Organized or Qualified To Do Business in Florida</b> 02/12/2002	
<b>3. New Principal Place of Business Address</b> 13 W. PELICAN ST City, State, Zip NAPLES, FL 34113		<b>6. FEI Number</b> 02055 6770	
		Applied For Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH NAPLES FL 34112		<b>9. Name and Address of New Registered Agent</b> Name: ROBERT A. STENZ Street Address (P.O. Box Number is Not Acceptable): 13 W. PELICAN ST City: NAPLES FL Zip Code: 34113	
<b>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.</b> Signature of Registered Agent: [Signature] <b>SIGNATURE REQUIRED</b> Date: 12/30/03 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	STENZ, ROBERT A.	13 W. PELICAN ST	NAPLES, FL 34113
<b>REINSTATEMENT 2003</b>			
<b>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.</b>			
Signature of Managing Member/Manager: [Signature] <b>SIGNATURE REQUIRED</b>		Date: 12/30/03 Daytime Phone #: 800-722-3597	
Typed or printed name of signing Managing Member/Manager: ROBERT A. STENZ			

CR2E084 (7/03)