

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 JUL 14 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000003598

Name and Mailing Address

0014461 01 AT 0.292 **AUTO T2 0 0615 34108-241129



HOSPITALITY ARTISTS, L.L.C.
1190 EGRET'S WALK CIRCLE, UNIT 104
NAPLES FL 34108-2411



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/11/2002	
Principal Place of Business 1190 EGRET'S WALK CIRCLE, UNIT 104 NAPLES FL 34108	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 BRASHEAR, TOMA G 1190 EGRET'S WALK CIRCLE, UNIT 104 NAPLES FL 34108		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City	
		400039733164 07/30/04--01057--003--**200.00 FL Zip Code	

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] **SIGNATURE REQUIRED**

Date 7-12-04

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
MGR	BRASHEAR, TOMA G	1190 EGRET'S WALK CIRCLE, UNIT 104	NAPLES FL 34108

REINSTATEMENT 03-04 61A

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] **SIGNATURE REQUIRED**

Date

7-12-04

Daytime Phone #

239-591-4470

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)