


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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000004516

03 NOV 10 PM 1:54

Name and Mailing Address

0011015 01 AT 0.292 \*\*AUTO TO 0 0615 34240-868818  
PARK PLACE DEVELOPER, L.L.C.  
7518 ALBERT TILLINGHAST DR.  
SARASOTA FL 34240-8688

600025068426  
11/26/03--01024--017 \*\*155.00



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 7518 ALBERT TILLINGHAST DR. SARASOTA FL 34240		5. Date Organized or Qualified To Do Business in Florida 02/25/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent  MYERS, TROY H JR ESQ 2033 MAIN ST., STE. 600 SARASOTA FL 34237		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 <u>Bruce P. Chapnick</u> Street Address (P.O. Box Number is Not Acceptable) <u>2033 Main Street, Ste 600</u> <u>Sarasota</u> City <u>Sarasota</u> FL <u>34237</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> <b>REGISTERED AGENT MUST SIGN</b> Date <u>11/6/03</u>			
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	DEVLIN, WALLACE R SR.	7518 ALBERT TILLINGHAST DR.	SARASOTA FL 34240
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> Date <u>11/6/03</u> Daytime Phone # <u>(941) 342-8101</u> Typed or printed name of signing Managing Member/Manager _____			

CR2E084 (7/03)

REINSTATEMENT - 03 days due

**ICARD, MERRILL, CULLIS, TIMM,  
FUREN & GINSBURG, P.A.**

ATTORNEYS AND COUNSELORS

2033 MAIN STREET, SUITE 600  
SARASOTA, FLORIDA 34237

TELEPHONE (941) 366-8100  
FACSIMILE (941) 366-6384  
[www.icardmerrill.com](http://www.icardmerrill.com)

TAMPA TELEPHONE  
(813) 221-2100

REPLY TO:  
P.O. BOX 4195  
SARASOTA, FLORIDA 34230

BRUCE P. CHAPNICK

November 7, 2003

**VIA FEDERAL EXPRESS**

Division of Corporations  
Registration Section  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Park Place Developer, L.L.C.

To Whom It May Concern:

Enclosed please find a completed Application for Reinstatement for the above-referenced limited liability company, together with a check in the amount of \$155.00 for the reinstatement and certificate of status fees.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

ICARD, MERRILL, CULLIS,  
TIMM, FUREN & GINSBURG, P.A.



Talia R. Kohne  
Assistant to Bruce P. Chapnick

/trk

Enclosures

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