

Tear Here ▲

▲ Tear Here

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
03 OCT 28 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004565
Name and Mailing Address

0002370 01 AT 0.292 **AUTO T1 0 0615 32507-946073



CANDY & CONES, LLC
16293 PERDIDO KEY DRIVE, #A
PENSACOLA FL 32507-9460



10/28 2003

2. New Mailing Address 4085 Cobia St. Pensacola, FL 32507		4. State/Country of Formation FL	
Principal Place of Business 16293 PERDIDO KEY DRIVE, #A PENSACOLA FL 32507		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 300049983	Applied For Not Applicable
8. Name and Address of Current Registered Agent LUCKY, W. A. III 16293 PERDIDO KEY DRIVE, #A PENSACOLA FL 32507		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 Street Address (P.O. Box Number is Not Acceptable) 200024186612 10/28/03--01010--016 **150.00 City FL Zip Code	

CR2E034 (7/03)

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 10/20/03
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
MGRM	JENNIFER JOYCE LUCKY	16293 PERDIDO KEY DRIVE, #A	PENSACOLA FL 32507
MGRM	MARTHA JEAN HANCOCK No longer member	17100 PERDIDO KEY DRIVE	PENSACOLA FL 32507
MGRM	Vickie Joyce Lucky	16293 Perdido Key Drive, #A	Pensacola, FL 32507

REINSTATEMENT 2003

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 10/20/03 Daytime Phone # 850-292-2093
Typed or printed name of signor Managing Member/Manager