

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY
L02000004594

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004594

Name and Mailing Address

0009822 01 AT 0.292 **AUTO T6 0 0615 33704-470706



JAMES F. SHUMATE, L.L.C.

506 - 15TH AVE., NE

ST. PETERSBURG FL 33704-4707



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/26/2002	
Principal Place of Business 506 - 15TH AVE., NE ST. PETERSBURG FL 33704	3. New Principal Place of Business Address	6. FEI Number 04-3606 529	Applied For Not Applicable
City, State, Zip		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	
SHUMATE, JAMES F 506 - 15TH AVE., NE ST. PETERSBURG FL 33704		Name Street Address (P.O. Box Number is Not Acceptable) 100023960171 10/21/03--01020--003 **150.00 City 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 *James F. Shumate* **REQUIRED** Date *10/17/03*

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	SHUMATE, JAMES F	506 - 15TH AVE., NE	ST. PETERSBURG FL 33704

REINSTATEMENT 03
dec

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 in 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 *James F. Shumate* **REQUIRED** Date *10/17/03* Daytime Phone # *727 822 6822*

Typed or printed name of signing Managing Member/Manager *JAMES F. SHUMATE*