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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
04 FEB -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000005627
Name and Mailing Address

0001150 01 AT 0.292 **AUTO T6 2 0615 32082-350188
BETZE L.L.C.
9688 DEER RUN DRIVE
PONTE VEDRA BEACH FL 32082-3501

MJH



2/3 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/08/2002	
Principal Place of Business 9688 DEER RUN DRIVE PONTE VEDRA BEACH FL 32082	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0771395	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent DEARING, MARK C 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE BEACH FL 32250		9. Name and Address of New Registered Agent Name SALEM G. ZEBOUNI Street Address (P.O. Box Number is Not Acceptable) 9688 DEER RUN DR PONTE VEDRA B.C., FL 32082 City FL Zip Code 32082	
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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 REQUIRED Date 1-14-04
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	ZEBOUNI, SALEM G	9688 DEER RUN DRIVE	PONTE VEDRA BEACH FL 32082
000028153300 02/03/04--01057--002 **200.00			
REINSTATEMENT 2003-2004			

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 REQUIRED Date 1-14-04 Daytime Phone # (904) 285-2000
Typed or printed name of signing Managing Member/Manager SALEM G. ZEBOUNI