

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 # L02000005640

03 DEC 30 AM 8:24

Name and Mailing Address

0010866 01 AT 0.292 \*\*AUTO T9 0 0615 34228-105501  
GRUSE CONSULTING, LLC  
701 LANDS END DRIVE  
LONGBOAT KEY FL 34228-1055

700025165197  
12/02/03--01081--009 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/05/2002	
Principal Place of Business 701 LANDS END DRIVE LONGBOAT KEY FL 34228	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0612449	Applied For Not Applicable
8. Name and Address of Current Registered Agent GONZALEZ, ALAN F ESQUIRE 1515 RINGLING BLVD., SUITE 900 SARASOTA FL 34236		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)	
		City	
		FL Zip Code	
10. I, being appointed 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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>12/20/03</u> 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	GEORGE GREGORY GRUSE	701 LANDS END DR.	LONGBOAT KEY FL 34228

**REINSTATEMENT** *[Signature]*  
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 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 11/20/03 Daytime Phone # 941-383-7260

Typed or printed name of signing Managing Member/Manager

CP2E034 (7/03)