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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

2004 JAN -6 PM 2:18

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000006402

Name and Mailing Address

0005077 01 AT 0.292 \*\*AUTO T1 0 0615 33040-332813



1125 FLAGLER AVENUE, LLC  
C/O LINDA B. WHEELER, ESQ.  
1213 WHITE ST.  
KEY WEST FL 33040-3328



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|---|--|--|---|
| 2. New Mailing Address<br><b>P.O. Box 1146</b>  |  | 4. State/Country of Formation<br><b>FL</b>   |   |
| City, State, Zip<br><b>Key West, FL 33040</b>   |  | 5. Date Organized or Qualified To Do Business in Florida<br><b>03/19/2002</b>  |   |
| Principal Place of Business<br><b>C/O LINDA B. WHEELER, ESQ.<br/>1213 WHITE ST.<br/>KEY WEST FL 33040</b>   | 3. New Principal Place of Business Address<br><b>221 Simonton Street</b> | 6. FEI Number  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|   | City, State, Zip<br><b>Key West, FL 33040</b>                            | 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<br><br><b>WHEELER, LINDA B ESQ.<br/>1213 WHITE ST.<br/>KEY WEST FL 33040</b>  |  | 9. Name and Address of New Registered Agent<br>Name<br><b>Adele V. Stones, Stones &amp; Cardenas</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>221 Simonton Street</b><br><br>City<br><b>Key West</b> <b>FL</b> Zip Code<br><b>33040</b> |   |
| 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.<br>Signature of Registered Agent <u><i>Adele V. Stones</i></u> <b>SIGNATURE REQUIRED</b> Date _____<br><b>REGISTERED AGENT MUST SIGN</b>   |  |  |   |
| 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  | Nichols, James A III   | P.O. Box 1146  | Key West, FL 33041  |
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| <b>REINSTATEMENT</b> <u>2003-04</u><br>200026034942<br>01/06/04--01003--003 **750.00  |  |  |   |
| 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.<br>Signature of Managing Member/Manager <u><i>[Signature]</i></u> <b>SIGNATURE REQUIRED</b> Date _____ Daytime Phone # _____<br>Typed or printed name of signing Managing Member/Manager _____ |  |  |   |