PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L02000006728

Typed or printed name of signing Managing Member/Manager

Name and Mailing Address

0014093 01 AT 0.292 **AUTO T1 0 0615 33919-517599 Infludial Influd

FILED

2003 DEC 24 AM 8: 17

DIVIJION OF CORPORATIONS FALLAHASSEE, FLORIDA



S Data Origination of usualines S Data Origination of usualines O3/21/2002								
Principal Place of Business SUITE 48, THE PINES 8192 COLLEGE PKWY SW FORT MYERS FL 33919 6. Name and Address of Current Registered Agent 7. CERTRICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and Street Address of New Registered Agent 19. Name and New Registered Agent 20. Name and New Registered Agent 21. Locally that I am managing Member/Manager 19. Name and New Registered Agent 22. Locally that I am managing member/Manager 23. Name and New Registered Agent 24. Supplementary New Registered Agent 25. Supplementary New Registered Agent 26. FEI Number of New Registered Agent 26. Name and Address of New Registered Agent 27. Name and Address of New Registered Agent 28. Name a	2. New Mailing Address							
SUITE 48, THE PINES B192 COLLEGE PKWY SW FORT MYERS FL 33919 City, State, Zp Managing Member/Managers City, State, Zp Managing Member/Managers City, State, Zp City, State, Cp City, State, Cp City, Canness and Address of New Registered Agent City, Canness and City, Cann	City, State, Zip							
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent ERIC B. FELDMAN, P.A. SUITE 204, 717 PONCE DE LEON BLVD. CORAL GABLES FL 33134 City FL Zip Code 10. I, being appointed the pss agent for above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 11. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Manager Name of Managing Member/Managers Also Sanday Hershall Street Address of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Title(s) Name of Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Title(s) Name of Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each Managing Member/Manager Also Sanday Hershall Street Address of Each	SUITE 4	8, THE PINES	New Principal Place of Busine	cipal Place of Business Address		75.203/283		
ERIC B. FELDMAN, P.A. SUITE 204, 717 PONCE DE LEON BLVD. City FL Zip Code City FL Zip Code 1.0. I. being appointed the past of the			City, State, Zip		7. CERTIFICATE OF STATUS DESIGNED S5.00 Additional Fee required			
ERIC B. FELDMAN, P.A. SUITE 204, 717 PONCE DE LEON BLVD. CORAL GABLES FL 33134 Ctty FL Zip Code 10. I, being appointed the part of above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REQUIRED REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager Title(c) Name of Managing Member/Manager Managin	8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
SUTTE 204, 717 PONCE DE LEON BLVD. City FL Zip Code 1.0. I, being appointed the could be considered incident and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 1.1. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Members/Managers Managing Members/Manager Title(s) Name of Managing Members/Managers Managing Members/Manager All Sangery Way Howsham A 19644 FEINSTATEMENT A 19646 FEINSTATEMENT A 19644 FEINSTATEMENT A 19646 FEINSTATEMENT A 19644 FEINSTATEMENT A 1964	EBIC B	FFIDMAN PA						
10. I, being appointed the past of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent	SUITE 20	04, 717 PONCE DE LEON	BLVD.	Street Address		s (P.O. Box Number is Not Acceptable)		
Signature of Registered Agent Managing Member/Manager 1. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Member/Managers Name of Managing Member/Managers Managing Member/Managers Managing Member/Manager City / State / Zip Members/Managers Managing Member/Manager Henshming 12/24/03=01049-010 ***150-00 12. Lordly that Lam managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter, 608, F.S. Lurther dcrifty that when filing this reinstatement application the respon for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 408, F.S., and that all fees owed by the limited liability many have been paid. The information intiguited on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		. ,		City Zip Code				
11. Names and Street Addresses of Each Managing Member/Manager Title(s) Name of Managing Members/Managers Name of Managing Members/Managers Managing Member/Manager City / State / Zip Managing Member/Manager Henshing A 19 cyy A 18 cys 12 / 24 / 103 - 01049 - 010 - **150.00 REINSTATENEN 2. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter.60e, F.S., I further certify that when filling this reinstatement application the respon for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 60e, 40e, F.S., and that all fees owed by the limited liability only any manager or the same legal effect as if made under oath.	Signature of	X Shire	LATURE REQUIRE		and accept the obli	,	. 1	
Title(s) Name of Managing Members/Managers Name of Managing Members/Manager Howself Address of Each Managing Member/Manager Howself	11. Names and Si							
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 filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application as provided for in chapter.608, F.S. I further certify that	Title(s)	Name of Managing Members/Managers	Stre	ing Member/Man	City / State / Zip			
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 filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application the receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application that receiver or trustee empowered to execute this application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application as provided for in chapter.608, F.S. I further certify that when filling this reinstatement application as provided for in chapter.608, F.S. I further certify that	Mgrn S	JOUCH 140~SHI	HONSHAM PA 19044		Hensham PA 19044			
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 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 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 has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the timited liability in any 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.								
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 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 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 has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the timited liability in any 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.				7.00				
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 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 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 has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the timited liability in any 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.								
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 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 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 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 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 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 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 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 as provided for in chapter.608, F.S. I further certify that when filing this reinstatement application as provided for in chapter.608, F.S. I further certify that when filing this reinstatement application as provided for in chapter.608, F.S. I further certify that when filing this reinstatement application as provided for in chapter.608, F.S. I further certifies the receiver and the filing this reinstatement application as provided for in chapter.608, F.S. I further certifies the receiver and the filing this reinstatement application as provided for in chapter.608, F.S. I further certifies the receiver application as provided for increasing the receiver and the rece				REIN	STATE	MENT 20	03	
	all fees owed b as if made und Signature of	by the limited liability in any have der oath.		o execute this ap mited liability com on this applicatio	oplication as provio npany name satisfie n is true and accur	led for in chapter 608, F.S. es the requirements of secti ate, and my signature shall	I further certify that when on 608.406, F.S., and that have the same legal effect	