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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

03 OCT 30 AM 8: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000007134
Name and Mailing Address

0014718 01 AT 0.292 **AUTO   T3 3 0615 34136-812626

ZANE MICHAELS, LLC
P.O. BOX 368126
BONITA SPRINGS FL 34136-8126

2. New Mailing Address	4. State/Country of Formation FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 03/26/2002

CR2E084 (7/03)

Principal Place of Business 24951 OLD 41 ROAD UNIT #3-5 BONITA SPRINGS FL 34136	3. New Principal Place of Business Address	6. FEI Number	Applied For
			Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐	$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
RUSSELL, KANJANA 24951 OLD 41 ROAD UNIT #3-5 BONITA SPRINGS FL 34136	Name Street Address (P.O. Box Number is Not Acceptable) 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 _Kanjana Russell_ **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN
Date _10-27-03_

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
~os	Kanjana Russell	8960 Colonnades CT E, # 917	Bonita Springs, FL 34135
		0000024267080 10/30/03--01011--008 **150.00	
		REINSTATEMENT 03 dcc	

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/Manage _Kanjana Russell_ **SIGNATURE REQUIRED** Date _10-27-03_ Daytime Phone # 239-948-5522

Typed or printed name of signing Managing Member/Manager _____