## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT

Managing Member/Manage

or printed name of signing Managing Member/Manager



FLORIDA DEPAREMENT OF STATE Secretary State

DIVISION OF CORPORATIONS

SECRETARY OF STATE GORPORATIONS

03 DEC 31 PM 5: 55

1. DOCUMENT # L02000007572

Name and Mailing Address

0001171 01 AT 0.292 \*\*AUTO T6 2 0615 32082-211889 R.MURRAY AND ASSOCIATES, LLC 189 GREENCREST DRIVE PONTE VEDRA BEACH FL 32082-2118



2. New Mailing Address City, State, Zip					4. State/Country of Formation FL  5. Date Organized or Qualified To Do Business in Florida  03/29/2002		
City, State, Zip			7. CERTIFICATE OF STATUS DESIRED				
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent     Name			
MURRAY, RICHARD A 189 GREENCREST DRIVE PONTE VEDRA BEACH FL 32082			Street Address (P.O. Box Number is Not Acceptable)				
			City				Zip Code
	10. I, being appointed the egistered agent of the above named limited liability company						
Signature of Registered Ag	gent Muhr Billi	GISTERED AC	REQUIR NUST SIGN	ED	and accept the cong	Date _/ 0 / 20	03
11. Names	and Street Addresses of Each Managin	Member/Manag	ger	eet Address of Ea	oh T	015.7	2)-to / 7io
Title(s)	Name of Managing Members/Managers					City/State/Zip  VE PONTE VEOM BEACH, FL.  3 20 82-  BONTE VEOM BEACH, FL.	
PRESIDENT RICHARD A. MURRAY  V.P LORENA TAYNE MURLAY		189 GR	EENCRICS.	7 / 1000	32082	0.44.1/ 6	
V.P	I DE END JAYNE MUR	LAY	189 GRE	CLACIT	2012 (UE 301 	199343 2010	**150.00
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Richard