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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

1. DOCUMENT # L02000007727

Name and Mailing Address

0017304 01 FP 0.352 **PRSR T3 0 0615 32948

C SPRITE LLC
74 NORTH LYME STREET
FELLESMEER FL 32948



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/01/2002	
Principal Place of Business 74 NORTH LYME STREET FELLESMEER FL 32948	3. New Principal Place of Business Address City, State, Zip	FEI Number 75-3039212	Applied For Not Applicable
8. Name and Address of Current Registered Agent JASIOROWSKI, DIANA 74 NORTH LYME STREET FELLESMEER FL 32948		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 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>12/23/03</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
mgm	Diane Jasiorkowski	93 William St	East Haven, Ct 06512
mgm	Richard Jasiorkowski	"	900025819669 12/23/03--01058--012 **150.00
mgm	Lisa Palmer	74 North Lyme St.	Fellesmere, Fla 32948
mgm	Richard Jasiorkowski, Jr.	93 William St	East Haven, Ct 06512
mgm	Carol Haskins	"	"
REINSTATEMENT <u>03-04</u> du			

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 12/24/03 Daytime Phone # 203-469-3821

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)