

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Herida E. ... Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008172

Name and Mailing Address

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WISTERIA DEVELOPMENT, LLC
6608 WISTERIA LOOP
LAND O'LAKES FL 34639-3120



US

2. New Mailing Address 1314 W. Bearss Ave Tampa FL 33613		4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 04/05/2002		6. FEI Number 81-0548503	
Principal Place of Business 6608 WISTERIA LOOP LAND O'LAKES FL 34639 US		Applied For Not Applicable	
3. New Principal Place of Business Address 1314 W. Bearss Ave Tampa FL 33613		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 SWOPE, SCOTT P 2555 ENTERPRISE ROAD SUITE 15 CLEARWATER FL 33763		9. Name and Address of New Registered Agent Name Robert Tatro Street Address (P.O. Box Number is Not Acceptable) 1314 W. Bearss Ave City Tampa FL Zip Code 33613	
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 SIGNATURE REQUIRED Date 12/5/03 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
MGRM	MYERS, BRIAN	6608 WISTERIA LOOP	LAND O'LAKES FL 34639
MGRM	TATRO, ROBERT	6608 WISTERIA LOOP	LAND O'LAKES FL 34639
MGRM	TATRO, APRIL	6608 WISTERIA LOOP	LAND O'LAKES FL 34639
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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 608.403, 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 REQUIRED** Date 12/5/03 Daytime Phone # 813-220-1868

Typed or printed name of signing Managing Member/Manager

Robert Tatro

CR20084 (7/03)