

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 # L02000008230

Name and Mailing Address

0013468 01 AT 0.292 **AUTO T9 0 0615 33547-504616



THE PHOENICIAN GROUP, LLC
5516 KEELER OAK STREET
LITHIA FL 33547-5046



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/08/2002	
Principal Place of Business 5516 KEELER OAK STREET LITHIA FL 33547 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number EIN 04-3654569	Applied For Not Applicable
8. Name and Address of Current Registered Agent ETTORE, MICHAEL L 5516 KEELER OAK STREET LITHIA FL 33547		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>Michael L. Ettore</i>		DATE REQUIRED 26 OCT, 2003 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
MGR	MICHAEL L. ETORE	5516 KEELER OAK STREET	LITHIA, FL, 33547
MGRM	MARDA M. ETORE	5516 KEELER OAK STREET	LITHIA, FL 33547
		800024284828 10/30/03--01033--016 **155.00	
		REINSTATEMENT 03 cns des	

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 *Michael L. Ettore* DATE 26 OCT, 2003 Daytime Phone # 813-335-3181

Typed or printed name of signing Managing Member/Manager MICHAEL L. ETORE

CR2E084 (7/03)