

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000008816**

APPLICATION FOR REPEAL OF STATE  
Filing Fee  
INSTATEMENT  
Division of Corporations  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 FEB -5 PM 1:00

**XX**

LAKELAND FL 33801-5916



1804 US REINSTATEMENT 2003-2004

[illegible]

CR2E034 (7/03)

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

Date 1/21/04

Daytime Phone # 581-1698

Typed or printed name of signing Managing Member Manager