

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

04 AUG -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100039951141

08/06/04--01054--001 **200.00

1. DOCUMENT # L02000009083

Name and Mailing Address

0013714 01 AT 0.292 **AUTO T9 D 0615 34677-228470
ACHPLUS, LLC
170 NINA WAY
OLDSMAR FL 34677-2284



US

2. New Mailing Address 3965 NORTHVIEW TERRACE		4. State/Country of Formation FL	
City, State, Zip EAGAN MN 55123		5. Date Organized or Qualified To Do Business in Florida 04/17/2002	
Principal Place of Business 170 NINA WAY OLDSMAR FL 34677 US	3. New Principal Place of Business Address 3965 NORTHVIEW TERRACE	6. FEI Number 04-3643117	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City, State, Zip EAGAN MN 55123		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 DORSEY, TIM P 170 NINA WAY OLDSMAR FL 34677		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>Timothy P Dorsey</i> NOT REQUIRED Date 10/27/03 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
MGR	TIM P DORSEY	170 NINA WAY	OLDSMAR FL 34677
MGR	PETER DORSEY	3965 NORTHVIEW TERRACE	EAGAN MN 55123
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 <i>Timothy P Dorsey</i> NOT REQUIRED Date 10/27/03 Daytime Phone # 727-455-2013 Typed or printed name of signing Managing Member/Manager TIMOTHY P DORSEY			

CR2E084 (7/03)