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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

THE STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000009118

Name and Mailing Address

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BUSBY, MILLER AND ASSOCIATES LLC  
8061 PENNSYLVANIA BLVD.  
FT. MYERS FL 33912-2836



**REINSTATEMENT** 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8061 PENNSYLVANIA BLVD. FT. MYERS FL 33912		5. Date Organized or Qualified To Do Business in Florida 04/15/2002	
3. New Principal Place of Business Address <u>Same</u> City, State, Zip		6. FEI Number 01-0677876 Applied For Not Applicable	
		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 BUSBY, DARIAN 8061 PENNSYLVANIA BLVD. FT. MYERS FL 33912		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025168354 12/02/03--01064--001 **150.00 City FL Zip Code	
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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] **SIGNATURE REQUIRED** Date 11-26-03  
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	JUSTIN BUSBY	8061 Pennsylvania	Ft. Myers FL 33912
MGR	GREG MILLER	133 Washington	FL, Myers Bch FL 33931
<b>REINSTATEMENT</b> 2003			

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 11-26 Daytime Phone # 239 872 2067

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)