

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000009284**

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009284

Name and Mailing Address

0009134 01 AT 0.292 \*\*AUTO T4 0 0615 33602-431740



JENNIS & BOWEN, P.L.  
400 N ASHLEY DR, STE 2540  
TAMPA FL 33602-4317



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/18/2002	
Principal Place of Business 400 N ASHLEY DR, STE 2540 TAMPA FL 33602	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0584904	Applied For Not Applicable
8. Name and Address of Current Registered Agent BOWEN, CHAD S ESQ 400 ASHLEY DRIVE, STE. 2540 TAMPA FL 33602		7. CERTIFICATE OF STATUS DESIRED <input 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>Chad S. Bowen</i> <b>REGISTERED AGENT MUST SIGN</b> Date <u>10/17/03</u>			
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	JENNIS, DAVID S	400 N ASHLEY DR, STE 2540	TAMPA FL 33602
MGR	BOWEN, CHAD S	400 N ASHLEY DR, STE 2540	TAMPA FL 33602
			200023985662 10/21/03--01139--004 **150.00
			REINSTATEMENT <u>03</u> dec

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

*Chad S. Bowen* **REGISTERED AGENT MUST SIGN**

Date 10/17/03 Daytime Phone # 813-229-1700

Typed or printed name of signing Managing Member/Manager

Chad S. Bowen

CR2E084 (7/03)