

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 NOV 26 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009449

Name and Mailing Address

0011091 01 AT 0.292 **AUTO TO 0 0615 34243-295166



PINE TREE APARTMENTS, LLC
8466 NORTH LOCKWOOD RIDGE RD., PMB 166
SARASOTA FL 34243-2951



BK

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8466 NORTH LOCKWOOD RIDGE RD., PMB 166 SARASOTA FL 34243		5. Date Organized or Qualified To Do Business in Florida 04/19/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 04-3649261	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent HICKS, WILLIAM 2501 63RD AVE. E. BRADENTON FL 34203		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 CHAPMAN, CHAPMAN & CHAPMAN P.A. Street 1900 GOLF STREET City SARASOTA FL 34236	
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>[Signature]</i> SIGNATURE REQUIRED Date 11/21/2003 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
MANAGER	WILLIAM HICKS	4103 11TH ST. CT. W.	PAUMotu, FL 34221
MANAGER	CRAIG VAN NORTWICK	6826 WINSLOW ST.	SARASOTA, FL 34243
600025072536 11/26/03-01055-005 **155.00			
REINSTATEMENT 2003			
BK			

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 11/10/03 Daytime Phone # 941-302-9500

Typed or printed name of signing Managing Member/Manager CRAIG VAN NORTWICK