

PLEASE RE-ENTER THE INFORMATION ON THIS FORM.

L02000010094

FOR REINSTATEMENT

Glenda L. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 OCT 23 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000010094
Name and Mailing Address

0004164 01 AT 0.292 **AUTO T8 0 0615 32935-414927
|||
SPOONBILL, LLC
1600 WEST EAU GALLIE BLVD
SUITE 102
MELBOURNE FL 32935-4149



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/26/2002	
Principal Place of Business 1600 WEST EAU GALLIE BLVD SUITE 102 MELBOURNE FL 32935	3. New Principal Place of Business Address		6. FEI Number 41-2040-700
	City, State, Zip		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 HO, KAUKWOK F 1600 WEST EAU GALLIE BLVD SUITE 102 MELBOURNE FL 32935	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 REQUIRED** Date **10/20/2003**

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM FRE SIDENT	KAUKWOK F HO	1600 WEST EAU GALLIE BLVD, SUITE 102	MELBOURNE FL 32935
700024043107 10/23/03--01024--009 **150.00			
REINSTATEMENT 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 606.406, 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 REQUIRED** Date **10/20/2003** Daytime Phone # **321-757-7272**

Typed or printed name of signing Managing Member/Manager **KAUKWOK F HO**

CR2E084 (7/03)