

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:57

1. DOCUMENT # L02000010151

Name and Mailing Address

0009395 01 AT 0.292 **AUTO T4 0 0615 33611-521113



KILGORE'S LANDSCAPING & HOME IMPROVEMENT LLC
6713 S. SHERIDAN RD.
TAMPA FL 33611-5211



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/25/2002	
Principal Place of Business 6713 S. SHERIDAN RD. TAMPA FL 33611	3. New Principal Place of Business Address	6. FEI Number 04-3461378	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
KILGORE, DWIGHT D I 6713 S. SHERIDAN RD. TAMPA FL 33611	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 Dwight D. Kilgore **SIGNATURE REQUIRED** Date 16 November 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
mgr	DWIGHT D. KILGORE I	6713 S. Sheridan Rd.	Tampa, FL, 33611
700025884767 12/31/03--01029--012 **155.00			
REINSTATEMENT <u>03 cus</u> <u>dec</u>			

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 Dwight D. Kilgore **SIGNATURE REQUIRED** Date 16 Dec 2003 Daytime Phone # (813) 828-8548

Typed or printed name of signing Managing Member/Manager