

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 NOV 10 PM 4:05

1. DOCUMENT # L02000011314
Name and Mailing Address

0010474 01 AT 0.292 **AUTO T9 0 0615 34201-227143
FLEISCHER VENTURES, LLC
7643 HEATHFIELD CT.
UNIVERSITY PARK FL 34201-2271



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 05/06/2002

Principal Place of Business
7643 HEATHFIELD CT.
UNIVERSITY PARK FL 34201

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number 47-0866311
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

FLEISCHER, ARTHUR J
7643 HEATHFIELD CT.
UNIVERSITY PARK FL 34201

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 Arthur J. Fleischer REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct. 15, 2003

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	FLEISCHER, ARTHUR J	7643 HEATHFIELD CT.	UNIVERSITY PARK FL 34201

900024550629
11/10/03--01011--016 **150.00

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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 Arthur J. Fleischer REQUIRED

Date Oct. 15, 2003

Daytime Phone # 941-266-7092

Typed or printed name of signing Managing Member/Manager ARTHUR J. FLEISCHER

CR2E034 (7/03)