

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

1. DOCUMENT # L02000011361

Name and Mailing Address

0013627 01 AT 0.292 **AUTO HO 2 0615 34698-200780

MANDALICIA, L.L.C.

580 BAYWOOD DR. NORTH
DUNEDIN FL 34698-2007

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400024380064

11/03/03--01065--003 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/10/2002	
Principal Place of Business 580 BAYWOOD DR. NORTH DUNEDIN FL 34698	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0702316	Applied For Not Applicable
8. Name and Address of Current Registered Agent GOLD, AARON J 704 WEST BAY ST. TAMPA FL 33606		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: John R. Imperato Street Address (Box Number is Not acceptable): 580 Baywood Dr. North City: Dunedin FL Zip Code: 34698			
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>John R. Imperato</i> REGISTERED AGENT MUST SIGN Date: 10/28/03			
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
Pres	John R. Imperato	580 Baywood Dr. North Dunedin, FL 34698	Dunedin, FL 34698

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: *John R. Imperato* REGISTERED AGENT MUST SIGN Date: 10/28/03 Daytime Phone: (727) 733-5452

Typed or printed name of signing Managing Member/Manager: John R. Imperato

CR2E084 (7/03)