

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L02000011419

FILED

03 DEC 18 AM 9:44

1. DOCUMENT # L02000011419

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0013475 01 AT 0.292 \*\*AUTO T9 0 0615 33548-435640



SAN PEDRO RENTAL LLC  
18840 5TH STREET SW  
LUTZ FL 33548-4356



US

2. New Mailing Address C/O HARRY H. RABB, CPA 935 MAIN ST, STE D-1 City, State, Zip SAFETY HARBOR, FL 34695		4. State/Country of Formation FL	
Principal Place of Business 18840 5TH STREET SW LUTZ FL 33549 US		5. Date Organized or Qualified To Do Business in Florida 05/10/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 36-4497533 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 GARVEY, JAMES P 18840 5TH STREET SW LUTZ FL 33549		9. Name and Address of New Registered Agent Name HARRY H. RABB, CPA Street Address (P.O. Box Number is Not Acceptable) 935 MAIN ST, STE D-1 SAFETY HARBOR City FL Zip Code 34695	
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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] **SIGNATURE REQUIRED** Date 12/11/03  
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
MGRM	GARVEY, JAMES	18840 5TH STREET SW	LUTZ FL 33549
200025600412 12/18/03 01020 005 **150.00			
REINSTATEMENT 03			
[Signature]			

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 12/10/03 Daytime Phone # 727-725-4121  
Typed or printed name of signing Managing Member/manager