

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 4:06

1. DOCUMENT # L02000011690

Name and Mailing Address

0017516 01 FP 0.352 \*\*PRST T4 0 0615 33401

REYNOLDS, LLC  
C/O 529 SOUTH FLAGLER DRIVE, #GPH4  
WEST PALM BEACH FL 33401



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/14/2002

Principal Place of Business

C/O 529 SOUTH FLAGLER DRIVE,  
WEST PALM BEACH FL 33401

3. New Principal Place of Business Address  
#GPH4

City, State, Zip

6. FEI Number

03-0446631

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

PALADINO, RICHARD  
ROGERS BOWERS DEMPSEY AND PALADINO  
505 SOUTH FLAGLER DRIVE, SUITE 1330  
WEST PALM BEACH FL 33401

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

**SIGNATURE REQUIRED**

Date 11/4/03

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
MGR	REYNOLDS, JOHN M III	529 SOUTH FLAGLER DRIVE, #GPH4	WEST PALM BEACH FL 33401
MGR	REYNOLDS, JOAN L	529 SOUTH FLAGLER DRIVE, #GPH4	WEST PALM BEACH FL 33401

100024528101  
11/10/03--01004--006 \*\*150.00

REINSTATEMENT

03  
dec

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 REQUIRED**

Date Nov 3, 03. Daytime Phone # 561 655 6015

Typed or printed name of signing Managing Member/Manager

**ROGERS, DEMPSEY AND PALADINO**

ATTORNEYS

FLAGLER CENTER TOWER

505 SOUTH FLAGLER DRIVE

SUITE 1330

WEST PALM BEACH, FLORIDA 33401

ROBERT O. ROGERS (1930-2002)

W. GLENN DEMPSEY

RICHARD PALADINO

TELEPHONE (561) 655-8980

TELECOPIER (561) 655-9480

November 4, 2003

**CERTIFIED, RETURN RECEIPT REQUESTED**

Florida Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

In re: Reynolds, LLC ("LLC")  
Application for Reinstatement


To Whom It May Concern:

Please find enclosed the Application for Reinstatement for the LLC referenced above. I have also enclosed a check made payable to the Department of State in the amount of \$150 for the reinstatement fee.

Please do not hesitate to contact the undersigned if you have any questions.

Sincerely,

ROGERS, DEMPSEY AND PALADINO



Richard Paladino

RP:jiw

Enclosures - a/s

cc: M/M John M. Reynolds, III