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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

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000013638

Name and Mailing Address

0011401 01 AT 0.292 **AUTO T2 3 0615 34772-738201



REYNOLDS-ROCK, L.L.C.
2701 KAYAK COURT
ST. CLOUD FL 34772-7382



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/04/2002	
Principal Place of Business 2701 KAYAK COURT ST. CLOUD FL 34772	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		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 ROCK, DEBORAH 2701 KAYAK COURT ST. CLOUD FL 34772	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400024171584 10/27/03--01095--009 **150.00 City FL Zip Code
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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 *Ursula Reynolds* **SIGNATURE REQUIRED** Date 25 OCT 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	ROCK, DEBORAH	2701 KAYAK COURT	ST. CLOUD FL 34772
MGR	REYNOLDS, URSULA	14013 FAIRWAY ISLAND DR. #414 3044 ELBIB DRIVE ST. CLOUD, FL 34772	ORLANDO FL 32837

REINSTATEMENT 03
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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 *Ursula Reynolds* Date 10/25/03 Daytime Phone # 407-758-7709
Typed or printed name of signing Managing Member/Manager _____

CR2EC84 (7/03)