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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:28

1. DOCUMENT # L02000013805

Name and Mailing Address

0004226 01 AT 0.292 **AUTO T8 0 0615 32951-202812



ALTERNATIVE CAPITAL PARTNERS, LLC
412 HIBISCUS TRAIL
MELBOURNE FL 32951-2028



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/30/2002	
Principal Place of Business 412 HIBISCUS TRAIL MELBOURNE FL 32951	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 COOLEY, R. EDWARD ESQ. 1450 S.R. 434 WEST, SUITE 200 LONGWOOD FL 32750	9. Name and Address of New Registered Agent Name <u>Ned B. Buffington</u> Street Address (P.O. Box Number is Not Acceptable) <u>412 Hibiscus Tr</u> City <u>Melbourne Bch</u> FL Zip Code <u>32951</u>
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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]

Date 5 Mar 04

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
<u>Managing mgr</u>	<u>Partner Ned B. Buffington</u>	<u>412 Hibiscus Tr</u>	<u>Melbourne Bch, FL 32951</u>

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REINSTATEMENT

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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]

Date 5 March 04 Daytime Phone # 321.917.6216

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)