## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORP®RATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV -7 PM 1:19

1. DOCUMENT#

as if made under oath.

Signature of

L02000014091

Name and Mailing Address

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2. New Mailing Address P. O. box 1918(o	State/Country of Formation     FL	! · .	
Panama City, FC 32417	5. Date Organized or Qualified To Do Business in Florida		
Principal Place of Business 8501 NORTH LAGOON DR., #307 PANAMA CITY FL 32408 3. New Principal Place of B  LUICY Panam City, State, Zip Panama City R	3 C. Ly Beach Flowy 7.	1	
8. Name and Address of Current Registered Agent	9. Name and Address of New Ro	9. Name and Address of New Registered Agent	
PRESLASKI, LUKE  8501 NORTH LAGOON DR., #307 PANAMA CITY FL 32408  Name  Luke Preslashi  Street Address (P.O. Box Number is Not Acceptable)  -0501 North Lagoon Or. #307  City Panama ('14)  FL Zip Code 33408		r. ±\307	
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 Agent Date 10/20/03  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 anaging Member/Manager	City / State / Zip	
president Luke A Preslaski 8501	8501 NorthLagan Di. #307 Panama City, FC		
	30 <u>00244</u> ! 	96653 <del>-012-**5.00</del>	
NEWSTATESTED	<b>93</b> 300024年 03 11/07/03-01003-	96653 -013 **145.00	
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			