

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

2004 APR 16 AM 8:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000014119

Name and Mailing Address

0013709 01 AT 0.292 **AUTO TS 0 0615 34668-709310



AMERICAN PRIDE ENTERPRISES, L.L.C.
8210 GALEN WILSON BLVD.
PORT RICHEY FL 34668-7093



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 8210 GALEN WILSON BLVD. PORT RICHEY FL 34668	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 81-0557549	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 PIANO, DOMINIC 8210 GALEN WILSON BLVD. PORT RICHEY FL 34668	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 SIGNATURE REQUIRED Date 4/8/04

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
MGRM	PIANO, DOMINIC	8210 GALEN WILSON BLVD.	PORT RICHEY FL 34668
MGRM	PIANO, ANGELINA	8210 GALEN WILSON BLVD.	PORT RICHEY FL 34668
MGRM	TEELON, CHARLES	3032 SOUTH PENINSULA DRIVE	DAYTONA BEACH FL
700032462987 04/12/04--01046--003 **200.00			
REINSTATEMENT 2003-04			

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 4/8/04 Daytime Phone # 727-841-6242

Typed or printed name of signing Managing Member/Manager Angelina Piano