

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Gloria E. Ifft
Secretary of State
DIVISION OF CORPORATIONS

L02000014626

APPROVED
AND
FILED

03 NOV-25 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000014626

Name and Mailing Address

0003187 01 AT 0.292 **AUTO T4 D 0615 32789-514219



CANEL PROPERTIES, L.L.C.
619 GENIUS DRIVE
WINTER PARK FL 32789-5142

REINSTATEMENT *JB*



2. New Mailing Address 619 GENIUS DR City, State, Zip W. PARK, FL 32789		4. State/Country of Formation FL	
Principal Place of Business 619 GENIUS DRIVE WINTER PARK FL 32789		5. Date Organized or Qualified To Do Business in Florida 06/12/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent BADHAM, JULIA O 619 GENIUS DRIVE WINTER PARK FL 32789		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City State Zip Code		<p>11/25/03 - 01024 - 002 \$155.00</p>	
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 <i>[Signature]</i> REQUIRED Date 10-15-03 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	BADHAM, JULIA O	619 GENIUS DRIVE	WINTER PARK FL 32789

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 **10-15-03** Daytime Phone # **407-539-1219**

Typed or printed name of signing Managing Member/Manager **J. O. BADHAM**

CR2E084 (7/03)