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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR  
REINSTATEMENT
 Florida E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015488

Name and Mailing Address

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 ACUITY SOLUTIONS, LLC  
 5445 WEST CYPRESS ST., STE. 300  
 TAMPA FL 33607-3850


2. New Mailing Address 1401 N. Westshore Blvd Tampa, FL 33607		4. State/Country of Formation FL	
Principal Place of Business 5445 WEST CYPRESS ST., STE. 300 TAMPA FL 33607		5. Date Organized or Qualified To Do Business in Florida 06/19/2002	
3. New Principal Place of Business Address 1401 N. Westshore Blvd Suite 225 Tampa, FL 33607		6. FEI Number 02-0629510	
		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 BRUNSON, JOHN MORGAN ESQ 1474 JORDAN HILLS CT. CLEARWATER FL 33756		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200024422812 11/04/03--01066--018 **150.00 City FL Zip Code	
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 <u>John Morgan Brunson Esq</u> Date <u>10/23/03</u> 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	SANCHEZ, JULIO	14911 GREELE DRIVE	TAMPA FL 33625
Partner member	Tuszynski, Mark	4319 Fallbrook Blvd	Palm Harbor, FL 34685
member	Gilden, David	19337 Sandy Spring Circle	Lutz, FL 33558
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 <u>SIGNATURE REQUIRED</u> Date <u>10-22-03</u> Daytime Phone # <u>813-288-9766</u>			
Typed or printed name of signing Managing Member/Manager <u>Julio Sanchez</u>			

CR2E084 (7/03)