

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

202000015540

1. DOCUMENT # L02000015540

Name and Mailing Address

0015646 01 MB 0.309 **AUTO TB 0 0615 20817-130909

BLOMQUIST-FLORIDA INVESTMENTS TWO L.L.C.
8009 HERB FARM RD.
BETHESDA MD 20817-1309

03 DEC 26 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/19/2002	
Principal Place of Business 8009 HERB FARM RD. BETHESDA MD 20817 C. WILLIAM BLOMQUIST	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input 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 SCHULMAN, BENJAMIN R 4330 SHERIDAN ST. HOLLYWOOD FL 33021		9. Name and Address of New Registered Agent Name: Ben Schulman Street Address: 4340 Sheridan Street 2nd Floor City: Hollywood FL Zip Code: 33021	
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] SIGNATURE REQUIRED Date: _____ 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	BLOMQUIST, C. WILLIAM	8009 HERB FARM RD.	BETHESDA MD 20817
MGR	BLOMQUIST, DIANE K	8009 HERB FARM RD.	BETHESDA MD 20817
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REINSTATEMENT 03			

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 12/22/03 Daytime Phone # 301-365-0031

Typed or printed name of signing Managing Member/Manager

C. William Blomquist

CR2E084 (7/03)