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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

\$200

1. **DOCUMENT #** L02000015606

Name and Mailing Address

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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C.S.A. DESIGN & DEVELOPMENT, LLC
6902 DAETWYLER DRIVE
ORLANDO FL 32812-3720



3/8

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/21/2002	
Principal Place of Business 6902 DAETWYLER DRIVE ORLANDO FL 32812	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3777957	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 COLLINS, ROBERT B 6902 DAETWYLER DRIVE ORLANDO FL 32812	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

1/15/04

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	COLLINS, ROBERT B	6802 DAETWYLER DRIVE	ORLANDO FL 32812

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REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager, 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. 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

1/15/04

Daytime Phone #

(407) 859-704

Typed or printed name of signing Managing Member/Manager

ROBERT B. COLLINS

CR2E084 (7/03)