## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L02000016034

2003 DEC -4 PM 2:50 DIVISION OF CONFORMADISES TALLAHASSEE, FLORIDA

0016405 01 MB 0.309 \*\*AUTO TO 0 0615 53154-183226 hildredleredlehelerleriblerleribetelehelbilerib FMB-FL DEVELOPMENTS LLC 7300 S. 13TH STREET SUITE 101 OAK CREEK WI 53154-1832

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2. New Mailing Address	4. State/Country of Formation FL						
City, State, Zip				nized or Qualified ness in Florida	Of	6/26/2002	
Principal Place of Business 3047 ESTERO BLVD.	3. New Principal Place	e of Business Address	6. FEI Number 37-14	34551		Applied For Not Applicable	
UNIT 9C FORT MYERS BEACH FL 33931	City, State, Zip	, State, Zip		OF STATUS DESIRED		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Curren		Name and Address of New Registered Agent					
DILWORTH, MICHAEL H	Name						
3047 ESTERO BLVD. UNIT 9C		Street Addre	ss (P.C. Box Mumb	(P.O. Box Number is Not Acceptable)			
FORT MYERS BEACH FL 33931					<del></del>		
		City			FL	Zip Code	
11. Names and Street Addresses of Each Managing Name of Managing Members/Managers  MGRM Michael H.D	-73	Street Address of Ea Managing Member/Mar	nager	Oak C.	City/State/ W/	•	
				002418 301007-			
12 Loadily that Lam managing member/manager					e eve de de de		

filling 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.