

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1. DOCUMENT # L02000016303
Name and Mailing Address

0012375 01 AT 0.292 **AUTO T5 0 0615 33441-503020
YORIO, L.L.C.
620 SE 19TH AVENUE
DEERFIELD BEACH FL 33441-5030

FILED

2004 MAR 16 PM 4:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. New Mailing Address 7852 Saddlebrook Drive Port St Lucie, FL 34986-311058		4. State/Country of Formation FL	
Principal Place of Business 620 SE 19TH AVENUE DEERFIELD BEACH FL 33341-5091		5. Date Organized or Qualified To Do Business in Florida 06/27/2002	
3. New Principal Place of Business Address 7852 Saddlebrook Drive Port St Lucie, FL 34986		6. FEI Number 30-0166287	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent YODICE, JOHN 620 SE 19TH AVENUE DEERFIELD BEACH FL 33341-5091		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: Yodice, John Street Address (P.O. Box Number is Not Acceptable): 7852 Saddlebrook Drive City: Port St Lucie FL Zip Code: 34986	
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: 12/22/03 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
Mgrm	John Yodice	7852 Saddlebrook Dr. Port St. Lucie FL 34986	100025771601 12/26/03--01039--004 **150.00
			100025771601 03/16/04--01013--003 **250.00
REINSTATEMENT 2003-2004			

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] **SIGNATURE REQUIRED** Date: Daytime Phone #: 561-385-1585

Typed or printed name of signing Managing Member/Manager: John YODICE

CR2E034 (7/03)