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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda I. Horst
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000016340

Name and Mailing Address

0013362 01 AT 0.292 **AUTO TB 3 0615 34996-631910

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BLACK SHEEP INVESTMENT SUB 2, LLC
110 SOUTH SEWALL'S POINT ROAD
STUART FL 34996-6319

MJH



2/23 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified to Do Business in Florida 06/28/2002	
Principal Place of Business 110 SOUTH SEWALL'S POINT ROAD STUART FL 34996	3. New Principal Place of Business Address	6. FEI Number 01-0733679	Applied For Not Applicable
City, State, Zip		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		9. Name and Address of New Registered Agent	
KEMPE, JOSEPH C 941 NORTH HIGHWAY A1A JUPITER FL 33477		Name Stuart M. Lamb, Jr. Street Address (P.O. Box Number is Not Acceptable) 110 S. Sewell's Point Road City Stuart FL Zip Code 34996	

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 *Stuart M. Lamb, Jr.* 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
MGRM	BLACK SHEEP HOLDINGS LIMITED PARTNERSH	110 SOUTH SEWALL'S POINT ROAD	STUART FL 34996
			300025453223 03/01/04--01035--002--**100.00
			12/12/03--01013--005--**150.00
			300025453223 12/12/03--01013--005--**150.00

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 *Stuart M. Lamb, Jr.* Date Nov 24 '03 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____