

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Genda L. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000016783

Name and Mailing Address

0002994 01 AT 0.292 \*\*AUTO T4 0 0615 32751-451048

1548 INDIAN DANCE

MAITLAND FL 32751-4510

03 DEC 12 PM 1:15  
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 07/02/2002	
Principal Place of Business 1548 INDIAN DANCE MAITLAND FL 32751	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2382347	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 SONNENSCHNEIN, MICHAEL D 1420 ALAFAYA TRAIL, SUITE 101 OVIEDO FL 32765	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] **SIGNATURE REQUIRED** Date 12/9/03

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	HEATH, EDWARD M III	1548 INDIAN DANCE	MAITLAND FL 32751
			12/12/03--01013--007 **150.00
			800025453278 12/12/03--01013--007 **150.00
			REINSTATEMENT <u>1003</u> <u>12/19 ust</u>

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 12/9/03 Daytime Phone # 407-625-0280

Typed or printed name of signing Managing Member/Manager EDWARD M. HEATH III