

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

STATE OF FLORIDA

DEPARTMENT OF REVENUE

DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017000

Name and Mailing Address

0003183 01 AT 0.282 **AUTO T4 0 0615 32781-105757



WALSH MARKETING GROUP, LLC
P.O. BOX 1057
TITUSVILLE FL 32781-1057



| | | | |
|---|--|--|--|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 07/08/2002 | |
| Principal Place of Business 3045 LAS PALMAS DRIVE TITUSVILLE FL 32780 | 3. New Principal Place of Business Address | 6. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 | 9. Name and Address of New Registered Agent Claudith Walsh Street Address (P.O. Box Number is Not Acceptable) 3045 Las Palmas Drive City Titusville FL Zip Code 32780 |
|---|---|

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 *X Claudith Walsh*
REGISTERED AGENT MUST SIGN

Date *X 12/4/03*

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 |
|---|---|---|----------------------------|
| <i>Managing Member</i> | <i>Claudith Walsh of Walsh Incentives, INC.</i> | <i>3045 Las Palmas Dr. Titusville, FL 32780</i> | <i>Titusville FL 32780</i> |
| 200025337412 12/08/03--01010--015 **150.00 | | | |
| REINSTATEMENT <i>2003</i> | | | |

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

X Claudith Walsh

Date

X 12/4/03

Daytime Phone #

X 321-258-8533

Typed or printed name of signing Managing Member/Manager

Claudith Walsh