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PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS APPLICATION

APPLICATION
FOR
REINSTATEMENT



Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000017308

Name and Mailing Address

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WHITE INTERNATIONAL, LLC
8209 NW 88TH AVE.

#37

TAMARAC FL 33321-1541



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/10/2002	
Principal Place of Business 8209 NW 88TH AVE. #37 TAMARAC FL 33321 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 050521524	Applied For Not Applicable
8. Name and Address of Current Registered Agent WHITE, YVETTE 8209 NW 88TH AVE. #37 TAMARAC FL 33321		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 Street Address (P.O. Box) City FL Zip Code		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 <i>[Signature]</i> SIGNATURE REQUIRED Date <i>10/17/03</i> 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
	<i>[Signature]</i> 8209 NW 88TH AVE #37 TAMARAC FL 33321		
		REINSTATEMENT 2003	
		<i>10/23</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

[Signature] **SIGNATURE REQUIRED**

Date *10/17/03*

Daytime Phone # *877 867 6624*

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)