

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 JAN 14 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000019338

Name and Mailing Address

0016414 01 MB 0.309 **AUTO TO 0 0615 53548-894823



KELLY-GAGE, LLC
3523 BURDICK ROAD
JANESVILLE WI 53548-8948

MJM

US



1/14 2003-2004

2. New Mailing Address <u>Same</u> City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3523 BURDICK ROAD JANESVILLE WI 53545 US		5. Date Organized or Qualified To Do Business in Florida 07/29/2002	
3. New Principal Place of Business Address <u>Same</u> City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent LITTLE, TARA 3355 S. KIRKMAN RD. APT. # 1327 ORLANDO FL 32811		9. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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**
REGISTERED AGENT MUST SIGN

Date 12-26-03

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
owner	Kelly Gage	<u>Same</u>	<u>Same</u>
manager	Kelly Gage	"	"
member	Kelly Gage	"	"
<p>800026899358 01/14/04--01012--003 **50.00 02/06/03 90027 047 \$50.00 I am the only member / mngr of my LLC.</p> <p>REINSTATEMENT 2003-2004 <u>W/O Penalty</u></p>			

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 12-26-03 Daytime Phone # 608-758-1440

Typed or printed name of signing Managing Member/Manager

2082

TO whom it may concern,

This is the first I've
heard about not having
my paper work together. I
submitted reapplication
in the summer of 2003, and
was led to believe I was
all set. This is frustrating
for me to receive this note
in the mail, when I took
care of this last summer.
Is there a mistake on
your end? I already paid
\$ 50.00 to renew in the
summer of 03. Please call
me. 608-758-1440.

- Kelly Hage