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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

04 JAN 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000019509

Name and Mailing Address

0009182 01 AT 0.292 **AUTO T4 0 0615 33602-291502



YOUR PLACE, LLC
802 EAST LAUREL
TAMPA FL 33602-2915



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/01/2002	
Principal Place of Business 802 EAST LAUREL TAMPA FL 33602	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 01-0739176	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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 FL MIAMI FL 33145		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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>Nick Spadlin</i> SIGNATURE REQUIRED Date 1-27-04 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
MGR	FREEMAN, JAKALE S	10403 WILLOWBRAE DR.	TAMPA FL 33624
MGR	PALAU, JULIO E	10403 WILLOWBRAE DR.	TAMPA FL 33624
S	PALAU, JULIO E	10403 WILLOWBRAE DR.	TAMPA FL 33624
T	FREEMAN, JAKALE S	10403 WILLOWBRAE DR.	TAMPA FL 33624
		200027981532 01/30/04--01063--036 **205.00	
		REINSTATEMENT 03-04 dec	

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 REQUIRED

Date

Daytime Phone

(813) 221-6463

Typed or printed name of signing Managing Member/Manager

Jakale Freeman

CR2E034 (7/03)