

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**  
03 NOV 21 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000019663

Name and Mailing Address

0001294 01 AT 0.292 \*\*AUTO T7 1 0615 32118-472720



SON VIGUET, LLC  
420 LENOX AVENUE  
DAYTONA BEACH FL 32118-4727

*BK*



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/02/2002	
Principal Place of Business 420 LENOX AVENUE DAYTONA BEACH FL 32118	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 75-3074787	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent FUGUET, DIMITRA 420 LENOX AVENUE DAYTONA BEACH FL 32118	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 11/17/03  
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	DIMITRA-FUGUET	420 LENOX AVENUE	DAYTONA BEACH, FL 32118

**REINSTATEMENT 2003**  
*BK*

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 11/17/03 Daytime Phone # 386-253-6177

Typed or printed name of signing Managing Member/Manager DIMITRA FUGUET