

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

L02000019741

FILED
Feb 10, 2004 8:00 A.M.
Secretary of State

1. DOCUMENT L02000019741
Name and Mailing Address

0011192 01 AT 0.292 **AUTO T2 1 0615 34711-202401
S.W. WILLIAMS FAMILY L.L.C.
901 12TH STREET
CLERMONT FL 34711-2024

REINSTATEMENT 2003/2004



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 901 12TH STREET CLERMONT FL 34711		5. Date Organized or Qualified To Do Business in Florida 08/02/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-7239506 Applied For Not Applicable	
8. Name and Address of Current Registered Agent WILLIAMS, DAVID B 901 12TH STREET CLERMONT FL 34711		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		200024703242 02/24/04 01033-041 **50.00	

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 David Williams Date 10/20/03

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	David B. Williams	901 12th Street	Clermont, FL 34711
MGRM	Beverly A. Williams	9215 Cypress Cove Road	Orlando, FL 32819
			200024703242 11/14/03--01026--006 **150.00

REINSTATEMENT 2003-2004

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 David Williams Date 10/20/03 Daytime Phone # 352-394-2155

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)