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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

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		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 901 12TH STREET CLERMONT FL 34711	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		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) City	
		200024703242 02/24/04 01033-041 **50.00 FL Zip Code	

CR2E034 (7/03)

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 **REQUIRED** 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	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 **REQUIRED** Date 10/20/03 Daytime Phone # 352-394-2155
 Typed or printed name of signing Managing Member/Manager