

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF
Glenda E. Hightower
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020622
Name and Mailing Address

0012687 01 AT 0.292 **AUTO T6 0 0615 33467-874227



FIELDS OF GOLD LLC
6827 HOULTON CIRCLE
LAKE WORTH FL 33467-8742



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6827 HOULTON CIRCLE LAKE WORTH FL 33467		5. Date Organized or Qualified To Do Business in Florida 08/13/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
8. Name and Address of Current Registered Agent DESCHINO, DAVID R 6827 HOULTON CIRCLE LAKE WORTH FL 33467		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 Number is Not Acceptable) 300025169013 12/02/03--01064--010 **150.00 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>[Signature]</i> SIGNATURE REQUIRED Date 1/21/04 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
MGRM	DESCHINO, DAVID R	6827 HOULTON CIRCLE	LAKE WORTH FL 33467
			300025169013 01/26/04--01031--002 **50.00

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 Daytime Phone # 703-0288

Typed or printed name of signing Managing Member/Manager DAVID DESCHINO

CR2EQ34 (7/03)

REINSTATEMENT 03 04
[Signature]