

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

2003 DEC -4 PM 12:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020992

Name and Mailing Address

0002447 01 AT 0.292 **AUTO T1 0 0615 32541-572695
SMITH SIGN SHOP, L.L.C.
295 KETCH COURT
DESTIN FL 32541-5726

400025201674
12/04/03--01008--015 **150.00



2. New Mailing Address 181 Market Street City, State, Zip Santa Rosa Beach, FL 32459		4. State/Country of Formation FL	
Principal Place of Business 3422 U.S. HIGHWAY 98 WEST SANTA ROSA BEACH FL 32459		5. Date Organized or Qualified To Do Business in Florida 08/15/2002	
3. New Principal Place of Business Address 181 Market Street City, State, Zip Santa Rosa Beach, FL 32459		6. FEI Number 30-0102962	
8. Name and Address of Current Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, STE. 301 DESTIN FL 32541		7. CERTIFICATE OF STATUS DESIRED <input checked="" 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) 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 [Signature] SIGNATURE REQUIRED Date 11/3/03 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	Christopher J. McGary		
mgrm	Susan A. McGary	295 Ketch Court	Destin, FL 32541 32435
mgrm	William P. Smith	1120 Rock Hill Rd.	DeFuniak Springs, FL
REINSTATEMENT 2003			

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 # **850.267.1331**

Typed or printed name of signing Managing Member/Manager