

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

2004 FEB 25 PM 2: 14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021010

Name and Mailing Address

0014614 01 AT 0.292 **AUTO T3 2 0615 34116-640448
 A-1 PROPERTY MANAGEMENT SERVICE, LLC
 4348 19TH PL SW
 NAPLES FL 34116-6404



2. New Mailing Address City, State, Zip		4. State/Country of Formation <div style="text-align: center;">FL</div> 5. Date Organized or Qualified To Do Business in Florida <div style="text-align: right;">08/16/2002</div>	
Principal Place of Business 4348 19TH PL SW NAPLES FL 34116		City, State, Zip 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent TIRADO, JOSE A 4348 19TH PL SW NAPLES FL 34116		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: right;">900025563729</div> <div style="text-align: right;">12/17/03--01066--005 **150.00</div> 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 REQUIRED Date <u>12/15/03</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
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
President	José A Tirado	4348 19th Pl SW	Naples FL 34116
REINSTATEMENT <u>2003-04</u>			
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 <u>12/15/03</u> Daytime Phone: <u>(239) 513-9705</u>	
Typed or printed name of signing Managing Member/Manager _____			