

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 NOV 19 PM 1:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021050

Name and Mailing Address

0001726 01 AT 0.292 **AUTO T8 0 0615 32224-225232



AMPA INVESTMENT GROUP LLC
13832 DANFORTH DRIVE SOUTH
JACKSONVILLE FL 32224-2252



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
Principal Place of Business 13832 DANFORTH DRIVE SOUTH JACKSONVILLE FL 32224	3. New Principal Place of Business Address	6. FEI Number 43-1970954	Applied For Not Applicable
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		9. Name and Address of New Registered Agent	
FLORIDA AGENT SERVICES, LLC 92 SADBERRY ROAD QUINCY FL 32351-0900		Name Vicki W. Rainer Street Address (P.O. Box Number is not acceptable) 7903 PRAYED CR W City JACKSONVILLE FL Zip Code 32217	
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		Date 10/27/03	
SIGNATURE REQUIRED 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	PARKER, WARREN C	13832 DANFORTH DRIVE SOUTH	JACKSONVILLE FL 32224
MGRM	AMANTEA, ALBERT C	11334 PINTO COURT	JACKSONVILLE FL 32225
		11/19/03--01064--001 **150.00	
		500024861525	
		11/19/03--01064--001 **150.00	
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

10/25/03

Daytime Phone #

904 821-5248

Typed or printed name of signing Managing Member/Manager

WARREN C PARKER

CR2E084 (7/03)