

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000021104

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021104

Name and Mailing Address

0009460 01 AT 0.292 **AUTO T5 1 0615 33615-363509



GALLEON REALITY, LLC
6109 GALLEON WAY
TAMPA FL 33615-3635



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6109 GALLEON WAY TAMPA FL 33615		5. Date Organized or Qualified To Do Business in Florida 08/16/2002	
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 BESNARD, ADAM 6109 GALLEON WAY TAMPA FL 33615		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) 400024267614 10/30/03--01012--006 **150.00 City 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 AD **SIGNATURE REQUIRED** Date 10/15/03

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
CEO	Adam J-Besnard	6109 Galleon Way	Tampa, FL 33615

REINSTATEMENT 2003

12/8/03

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 AD **SIGNATURE REQUIRED** Date 10/15/03 Daytime Phone # 813 390 3700

Typed or printed name of signing Managing Member/Manager