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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**LO2000021251**

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:37

1. DOCUMENT # L02000021251

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0014381 01 AT 0.292 \*\*AUTO T2 0 0615 34104-880801

LOH ASSETS, LLC  
4001 SANTA BARBARA BLVD. #248  
NAPLES FL 34104-8808



2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4001 SANTA BARBARA BLVD. #248 NAPLES FL 34104		5. Date Organized or Qualified To Do Business in Florida 08/20/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent  BARCENAS, A J 4001 SANTA BARBARA BLVD. #248 NAPLES FL 34104		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)  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 <u>A. J. BARCENAS</u> <b>SIGNATURE REQUIRED</b> Date <u>10/21/03</u> 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
PRESIDENT	A. J. BARCENAS	4001 SANTA BARBARA BLVD. #248	NAPLES, FL 34104
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 <u>A. J. BARCENAS</u> <b>SIGNATURE REQUIRED</b> Date <u>10/21/03</u> Daytime Phone # <u>239-353-1068</u>			
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)