

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

04 FEB 17 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021742

Name and Mailing Address

0002435 01 AT 0.292 \*\*AUTO T1 0 0615 32541-342294



AKJ SERVICES, LLC  
4394 OLD BAYOU TRAIL  
DESTIN FL 32541-3422



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/22/2002	
Principal Place of Business 4394 OLD BAYOU TRAIL DESTIN FL 32541	3. New Principal Place of Business Address		6. FEI Number 743059520
	City, State, Zip		Applied For Not Applicable
		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  GULLO, NICOLO D 36468 EMERALD COAST PKWY. #2202 DESTIN FL 32541		9. Name and Address of New Registered Agent Name: <u>Richard H Martinez</u> Street Address (P.O. Box Number is Not Acceptable) <u>4394 Old Bayou Trail</u> City: <u>Destin</u> <u>FL</u> <u>32541</u>	
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>[Signature]</u> <b>SIGNATURE REQUIRED</b> Date: <u>2-13-04</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
Managing Member	Richard Martinez	4394 Old Bayou Trail Destin, FL 32541	Destin, FL 32541
		600028853296 02/17/04--01023--001 **200.00	
		<b>REINSTATEMENT</b> <u>03-04</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 terminated, 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>[Signature]</u> <b>SIGNATURE REQUIRED</b> Date: <u>2-13-04</u> Daytime Phone #: <u>850-974-1470</u>			
Typed or printed name of signing Managing Member/Manager			