

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 JAN 26 PM 6:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000021916
Name and Mailing Address

0009546 01 AT 0.292 **AUTO T5 1 0615 33624-184137
FUSION THREE, LLC
3837 NORTHDAL BLVD.
193
TAMPA FL 33624-1841

SK



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3837 NORTHDAL BLVD. 193 TAMPA FL 33624		3. New Principal Place of Business Address City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 08/26/2002
		6. FEI Number 76-0710031	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CR2004 (7/02)

8. Name and Address of Current Registered Agent VELTE, STEPHEN K 3837 NORTHDAL BLVD. 193 TAMPA FL 33624		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* REGISTERED AGENT MUST SIGN Date: 1/16/2004

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
Mgr.	Stephen K. Velte	3837 Northdale Blvd. 193	Tampa, FL 33624
			700027613547
		<i>SK</i>	

REINSTATEMENT 2003-2004

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]* Date: 1/16/2004 Daytime Phone #: 813/265-9274
Typed or printed name of signing Managing Member/Manager: **Stephen K. Velte**



LO2000021916

ACCOUNT NO. : 072100000032

REFERENCE : 409675 7417377

AUTHORIZATION :

Patricia Pirots

COST LIMIT : \$ 200.00

ORDER DATE : January 26, 2004

ORDER TIME : 11:04 AM

ORDER NO. : 409675-005

CUSTOMER NO: 7417377

CUSTOMER: Mr. Stephen K. Velte
Fusion Three, Llc
Suite 193
3837 Northdale Blvd.
Tampa, FL 33624

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DOMESTIC FILINGS

NAME: FUSION THREE, LLC

BPL

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JAN 26 PM 1:16

RECEIVED