

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

1. DOCUMENT # L020000022009

Name and Mailing Address

03 DEC -9 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAMILY TRUST MANAGEMENT, LLC
6605 HEATHERTON COURT
TAMPA FL 33617-3210



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/26/2002	
Principal Place of Business 6605 HEATHERTON COURT TAMPA FL 33617	3. New Principal Place of Business Address	6. FEI Number 32-0036474	Applied For
	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
BROOKS, CURTIS J 6605 HEATHERTON COURT TAMPA FL 33617	Name
	Street Address (P.O. Box Number is Not Acceptable)
	600025339376
	12/09/03--01016--010 **150.00
	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 *Curtis J. Burkhart* **SIGNATURE REQUIRED** Date 12/4/03

REGISTERED AGENT MUST SIGN

1.1. 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	Curtis Brooks	6605 Heatherwood Ct	Tampa FL 33617

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 10/8/03 Daytime Phone # 813-983-9687

Typed or printed name of signing Managing Member/Manager _____