

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000022558

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022558

Name and Mailing Address

0010160 01 AT 0.292 **AUTO T7 2 0615 33765-232544

LYBRITE LLC

730 OLD COACHMAN ROAD
D-4

CLEARWATER FL 33765-2325



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/30/2002	
Principal Place of Business 730 OLD COACHMAN ROAD D-4 CLEARWATER FL 33765	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 75-3066615	Applied For Not Applicable
8. Name and Address of Current Registered Agent PERRY, ROGER D 730 OLD COACHMAN ROAD D-4 CLEARWATER FL 33765		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 <i>Roger Perry</i> SIGNATURE REQUIRED Date <i>10-16-03</i> 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
	Lynn Perry	730 Old Coachman RD D-4	CLEARWATER, FL. 33765
		400023960144 10/21/03--01020--002 **150.00	
		REINSTATEMENT <i>03</i> <i>dec</i>	

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

Lynn Perry **SIGNATURE REQUIRED**

Date *10-16-03*

Daytime Phone # *727-791-8344*

Typed or printed name of signing Managing Member/Manager